

Case Number:	CM13-0046864		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2009
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Spine Surgery and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient has a date of injury of July 27, 2009. The patient has chronic low back pain. An MRI from December 2009 shows L3-4 decreased disc height with a 3 mm disc protrusion that causes some theca sac encroachment and some foramina compromise of the left nerve roots. At L4-5 there is decreased disc height with a 3 mm disc protrusion with central and foraminal stenosis. Additionally, the patient reports chronic low back pain radiating to the extremities. The patient has been treated with activity modification, physical therapy, pain management, and 3 epidural steroid injections and continues to have chronic pain. On physical examination, the pain was experienced with terminal spine motion. Seated straight leg raise test was positive. There was dysesthesia in the L5 dermatome. The patient uses a cane to walk. The patient had an exam documented on 15 October 2013 showing that the straight leg raising test was negative to 90° bilaterally. Muscle strength testing was 4/5 of the left quadriceps and hamstrings, and 5 out of 5 in all lower extremity muscle groups tested. Sensation was intact to pinprick union light touch in all dermatomes and reflexes are intact. The patient had another physical examination on January 24, 2013 that indicated tenderness to palpation of the lumbar spine, painful range of motion and dysesthesias in the left L5 dermatome. There was no documented lower extremity motor deficit on this examination. At issue is whether multilevel lumbar decompression and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L3 to L5 lumbar interbody fusion with instrumentation, neural decompression and iliac crest marrow aspiration/harvesting possible junctional levels.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: This patient does not meet established criteria for lumbar decompressive or fusion surgery. Specifically, the patient's imaging studies do not document any evidence of instability or abnormal lumbar motion. In addition, the patient does not have any red flags indicators for spinal fusion surgery such as concern for tumor, fracture, or instability. The guidelines for lumbar fusion surgery are not met. The patient has documented multiple levels of lumbar degeneration without instability. Additionally, guidelines for lumbar decompressive surgery are not met. The patient's physical examination does not document a specific radiculopathy that is correlated with specific nerve root compression on the patient's imaging study. In addition, the physical examination does not document significant progressive neurologic deficit. The patient's physical examination on January 24, 2013 only documents dysesthesias in the left L5 dermatome. There is no evidence of motor radiculopathy or significant neurologic deficit on this examination in the bilateral lower extremities. Also, the medical records do not include a recent trial and failure of conservative measures to include physical therapy for the treatment of chronic low back pain. Guidelines for lumbar fusion and decompression are not met.

Front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Ice unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TLSO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3-1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3 days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.