

Case Number:	CM13-0046918		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2012
Decision Date:	05/19/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 expert 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:

This patient is a 46-year-old female who sustained an injury to her low back on 01/23/12. An orthopedic follow up report of 11/06/13 was specific to the claimant's left knee and did not address her low back complaints. A 10/01/13 follow up report with [REDACTED], Orthopedic Surgeon, indicated persistent low back complaints. He reviewed a bone density test that demonstrated osteopenia. Physical examination findings were not noted. He recommended surgery in the form of an L4-S1 spinal fusion with instrumentation and a three day inpatient length of stay. Prior to this report, records include a discography of 07/29/13 that showed concordant pain at the L4-5 and L5-S1 levels. There was no other documentation of prior imaging including plain film radiographs. [REDACTED] indicated that the claimant had failed conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

A L4-5, L5-S1 LUMBAR FUSION WITH TRANSFORAMINAL INTERBODY FUSION:
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): 307.

Decision rationale: California MTUS ACOEM Guidelines would not support a medical necessity for the requested two level fusion procedure in question. At present, while the claimant is with a recent diagnosis of osteopenia, there is no current indication of segmental instability or physical examination findings demonstrating progressive neurologic dysfunction that would medically necessitate a two level lumbar fusion procedure. The absence of the above would fail to satisfy guideline criteria at this time.

PRE-OPERATIVE LABS: 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.

A PREOPERATIVE CHEST X-RAY: 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.

A PREOPERATIVE EKG: 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.

AN INPATIENT STAY OF THREE (3) DAYS: 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.