MAXIMUS Federal Services

Case Number:	CM13-0049003		
Date Assigned:	12/27/2013	Date of Injury:	02/17/2006
Decision Date:	05/21/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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 Pennsylvania. 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:

The claimant is a 39-year-old gentleman who was injured on February 17, 2006 sustaining injury to the low back. Clinical records for review state a previous lumbar MRI report of June 5, 2013 showing degenerative changes at the L4-5 and L5-S1 level with no indication of significant neural compressive pathology. Followup progress report of September 11, 2013 indicated ongoing complaints of low back pain with radiating pain to the S1 joints with numbness and tingling to the lower extremities. Physical examination demonstrated tenderness over the SI joints with positive Faber testing, positive Patrick's testing and a positive left sided straight leg raise. The claimant was also with tenderness over the paravertebral musculature to the lumbar spine. Based on failed conservative care including medication management, physical therapy and activity restriction, surgical process in the form of a two level L4-5 and L5-S1 interbody fusion was recommended to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-L5 AND L5-S1 ANTERIOR LUMBAR BODY FUSION, L4-L5 AND L5-S1 POSTERIOR SPINAL FUSION AND L5-S1 LAMINOTOMY/FORAMINOTOMY.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Chapter, Lumbar & Thoracic Fusion (spinal) (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: California ACOEM Guidelines would not support the role of two level procedures in question. CA MTUS states, "There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. "Clinical records for review fail to demonstrate segmental instability at the L4-5 or L5-S1 level that would indicate the acute need of surgical fusion process. The absence of the above coupled with the claimant's negative examination findings for radicular process, along with no indication of specific compressive pathology on imaging would not support the medical necessity for acute surgery.

1 VASCULAR 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.

1 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.

5 DAYS OF IN-PATIENT 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.