

Case Number:	CM13-0050829		
Date Assigned:	01/29/2014	Date of Injury:	08/19/2012
Decision Date:	05/08/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopaedics 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 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:

Physical examination shows limited range of motion lumbar motion. There is tenderness to palpation of the lumbar paraspinal musculature. Straight leg raising is negative on the right and positive on the left. Reflexes motor strength and sensation are normal in the bilateral lower extremities. The patient has chronic back pain. Treatment included epidural steroid injections. MRI from September 2013 shows L3-4 disc degeneration with annular tear and bulging. At L4-5 there is disc degeneration. There is a 5 disc extrusion measuring 6 mm x 9 mm x 10 mm which effaces the central and right thecal sac. Electrodiagnostic testing performed January 2013 was unremarkable without any evidence of lumbar radiculopathy. At issue is whether lumbar surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 TRANSFORAMINAL LUMBAR INTERBODY FUSION, PSF/PSI: Upheld

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

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

Decision rationale: Establish criteria for lumbar fusion surgery are not met. Specifically, the medical records do not document any evidence of lumbar instability. Radiographs do not

document any evidence of lumbar instability. The patient has no red flag indicated for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. In addition, there is no correlation between the patient's imaging studies and physical examination. Physical examination documents normal neurologic function the bilateral lower extremities. Since there is no document evidence of lumbar instability, fracture, or tumor, criteria for lumbar fusion are not met.

SURGICAL ASSISTANT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS POSITION STATEMENT REIMBURSEMENT OF THE FIRST ASSISTANT AT SURGERY IN ORTHOPAEDICS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MTUS:PAGE 307 E. SPINAL FUSION EXCEPT FOR CASES OF TRAUMA-RELATED SPINAL FRACTURE OR DISLOCATION, FUSION OF THE SPINE IS NOT USUALLY CONSIDERED DURING THE FIRST THREE MONTHS OF SYMP.

Decision rationale: Since surgery as not medically necessary, and all other items are not needed.

2 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (LOW BACK CHAPTER)

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

Decision rationale: Establish criteria for lumbar fusion surgery are not met. Specifically, the medical records do not document any evidence of lumbar instability. Radiographs do not document any evidence of lumbar instability. The patient has no red flag indicated for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. In addition, there is no correlation between the patient's imaging studies and physical examination. Physical examination documents normal neurologic function the bilateral lower extremities.

LUMBAR BACK BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since surgery as not medically necessary, and all other items or not needed. Also, established guidelines do not recommend bracing for degenerative back pain.

EXTERNAL BONE GROWTH STIMULATOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MTUS:PAGE 307 E. SPINAL FUSION EXCEPT FOR CASES OF TRAUMA-RELATED SPINAL FRACTURE OR DISLOCATION, FUSION OF THE SPINE IS NOT USUALLY CONSIDERED DURING THE FIRST THREE MONTHS OF SYMP.

Decision rationale: Since surgery as not medically necessary, and all other items or not needed.

1 BOX ISLAND BANDAGE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MTUS:PAGE 307 E. SPINAL FUSION EXCEPT FOR CASES OF TRAUMA-RELATED SPINAL FRACTURE OR DISLOCATION, FUSION OF THE SPINE IS NOT USUALLY CONSIDERED DURING THE FIRST THREE MONTHS OF SYMP.

Decision rationale: Since surgery as not medically necessary, and all other items or not needed

18 PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Since surgery as not medically necessary, and all other items or not needed.