

Case Number:	CM13-0051555		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2012
Decision Date:	03/10/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 is a 57-year-old injured worker who reported a work related injury on 05/03/2012, specific mechanism of injury not stated. The clinical note dated 11/21/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents with a nonunion at the L4-5 level and the patient is being recommended to undergo an anterior decompression and fusion at L4-5. Upon physical exam of the patient the provider documented tenderness over the hardware, 40 degrees of flexion, 10 degrees extension of the lumbar spine was noted. Post straight leg raising for the lumbar spine and buttock pain was noted. The provider documented a recommendation for an anterior decompression and fusion at L4-5 with instrumentation, bone grafting, and Norco 10/325 1 by mouth 4 times a day as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

anterior decompression and fusion with bone graft and instrumentation: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: There were no official imaging reports submitted for review of the patient's lumbar spine to indicate the patient is a candidate for further surgical interventions to the lumbar spine. The California MTUS/ACOEM Guidelines indicate lumbosacral nerve root decompression includes laminotomy, standard discectomy, and laminectomy. The current request is specifically for inpatient anterior decompression, there was no evidence of any motor, neurological, or sensory deficits upon physical exam of the patient in the 1 clinical note submitted for review. Given the lack of objective findings of symptomatology as well as official imaging of the patient's lumbar spine, the request cannot be supported. The request for inpatient anterior decompression and fusion with bone graft and instrumentation is not medically necessary or appropriate.

"Associated surgical service" request for a Vascular assistant: 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.

"Associated surgical service" request for a surgical assistant: 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.

"Associated surgical service" request for a four day hospital 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.