MAXIMUS Federal Services

Case Number:	CM13-0051810		
Date Assigned:	12/27/2013	Date of Injury:	11/22/2010
Decision Date:	03/07/2014	UR Denial Date:	11/04/2013
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 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 is a 31-year-old with the date of injury of November 22, 2010. The patient has chronic low back pain. The patient also has pain radiating to the thighs. Physical examination shows a normal gait with no evidence of weakness walking on the toes or heels. There is tenderness to the lumbar spine palpation. There is limited range of motion lumbar spine. Lower extremity reflexes are normal. 4-5 strength is noted in the EHL (extensor hallucis longus) on the left. Straight leg raising is positive on the right. Discogram was negative L4-5 and positive L5-S1. MRI from August 2012 revealed L4-5 annular fissure with degenerative disc condition. At L5-S1 there was no evidence of disc herniation canal stenosis. There is mild L5-S1 disc degeneration. There is no evidence of nerve root impingement on the MRI. Treatment to date includes lifestyle alteration, pain management injections, lumbar epidural steroid injection, and physical therapy. At issue is whether or not lumbar fusion is 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:

L5-S1 Anterior Lumbar Interbody Fusion and Posterior Spinal Instrumentation and Fusion and Bilateral L4 and L5 Laminotomies as an inpatient surgical procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): -. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and the American Medical Association Guides, Instability Section

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

Decision rationale: The Physician Reviewer's decision rationale: This patient has not meet established criteria for lumbar decompressive or fusion surgery. Specifically, the patient does not have any documented instability on any lumbar imaging study. The patient also does not have any red flag indicators for spinal fusion such as fracture, tumor, or progressive neurologic deficit. There is no need for spinal fusion surgery. The patient does not meet criteria for lumbar decompressive surgery. Specifically, the lumbar MRI does not show any evidence of severe nerve root compression. In addition, the patient's physical exam does not document specific radiculopathy does correlate with lumbar imaging study showing nerve root compression. There is no evidence of progressive neurologic deficit. There is no evidence of significant lumbar radiculopathy documented on imaging study. Criteria for lumbar decompression and lumbar surgery are not met. The request for L5-S1 Anterior Lumbar Interbody Fusion and Posterior Spinal Instrumentation and Fusion and Bilateral L4 and L5 Laminotomies as an inpatient surgical procedure is not medically necessary.

A four day inpatient 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 or appropriate.

A Vascular Surgeon and 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 or appropriate.

Pre-operative medical clearance, chest X-rays, electrocardiogram and bloodwork: 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 or appropriate.

Post-operative LSO brace, front-wheeled walker, and pneumatic intermittent compression device: 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 or appropriate.