

Case Number:	CM13-0053769		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2009
Decision Date:	03/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Orthopedic Spinal 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 has chronic low back pain. The patient has had previous lumbar surgery at L4-5 and L5-S1. X-rays from January 2013 reveal mild L3-4 spondylosis with no evidence of instability. CT scan from April 2013 reveals status post lumbar decompression with anterior and posterior fusion. There is solid bony union anteriorly at L5-S1 and posteriorly from L4-S1. There is probably union at the disc space at L4-5. MRI with gadolinium from May 2013 reveals laminectomies and fusion at L4-5 and L5-S1. The patient continues to complain of pain in the low back region and painful motion of the lumbar spine. Examination reveals painful range of lumbar motion. The patient has had multiple injections and continues to have pain. At issue is whether L3-4 XLIF surgery is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Surgery: L3-4 XLIF with plate, lumbar and/or sacral vertebrae: 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)-TWC Guidelines, Criteria for fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline.

Decision rationale: This patient does not meet criteria for L3-4 XLIF lumbar fusion surgery. Specifically, the MRI imaging, CT scan, and x-rays do not reveal any evidence of lumbar instability. They also do not reveal any evidence of significant spinal stenosis above the patient's previous fusion. The imaging studies show solid fusion over the previous fusion surgery levels at L4-S1. Fusion surgery in the form of XLIF at L3-4 is not medically needed. Criteria for fusion at L3-4 are not met. The patient does not have any red flag indicators for spinal fusion surgery such as tumor, fracture, or progressive neurologic deficit. There is no evidence of instability at L3-4 and imaging study.

The request for DME: LSO Brace purchase: 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: Because the fusion is not medically necessary, then all other associated items with the surgery are not needed.