

Case Number:	CM13-0055391		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2000
Decision Date:	04/04/2014	UR Denial Date:	10/17/2013
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, 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 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:

This patient is a 54-year-old who injured his low back when he was involved in an accident driving a forklift on February 1, 2000. The records for review included electrodiagnostic studies of 11/01/13 that identified a right active L5 chronic denervation. An MRI report dated December 3, 2013 showed at L5-S1 a 4 millimeter disc protrusion impinging upon the exiting right S1 nerve and mild degenerative disc disease with facet changes at L3-4 and L4-5. The recent clinical assessment dated September 11, 2013 noted ongoing complaints of radiating pain to the right leg despite conservative care that included epidural injections, bracing, facet joint injections, physical therapy, and medication management. Physical examination findings were documented to include motor deficit to the right extensor hallucis longus and diminished sensation to the right L5 and S1 dermatomal distribution. Recommendation at present from the treating physician was for a L5-S1 discectomy and fusion for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the request for an interbody fusion in this case would not be supported. The clinical records for review indicate compressive pathology at the L5-S1 level but do not indicate segmental instability to warrant the need of a fusion procedure. The patient has failed conservative care and continues to have physical examination findings, positive for radicular process. The absence of segmental instability would fail to necessitate the need for a fusion procedure. The request for interbody fusion is not medically necessary or appropriate.

posterior spinal fusion with instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: In light of the fact the request for an interbody fusion cannot be recommended as medically necessary due to the absence for evidence of segmental instability, the request for a posterior fusion would also not be indicated. The request for a posterior spinal fusion with instrumentation is not medically necessary or appropriate

Laminectomy/ microdiscectomy L5-S1 to be performed at [REDACTED] and medical center with assistant surgeons [REDACTED] and [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation the Milliman Care Guidelines 17th edition, Assistant Surgeon Guidelines.

Decision rationale: Also based on California ACOEM guidelines, the role of microdiscectomy at the L5-S1 level with an assistant surgeon would not be supported. The role of surgical process to include fusion has not been supported, thus negating the need for this request. The request for a laminectomy/ microdiscectomy L5-S1 to be performed at [REDACTED] and medical center with assistant surgeons [REDACTED] and [REDACTED] is not medically necessary or appropriate.

Physician's Assisitant and preoperative clearance with [REDACTED]: 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 bone growth stimulator with fitting: 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.