

Case Number:	CM13-0056961		
Date Assigned:	12/30/2013	Date of Injury:	10/12/1983
Decision Date:	04/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine and Pulmonary Diseases, 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 70-year-old male who reported an injury on 10/12/83. The mechanism of injury was not provided for review. The patient underwent an MRI of the lumbar spine on 8/20/13 that revealed a disc bulge at L3-4 and L2-3, severe canal stenosis, and mild to moderate bilateral neural foraminal stenosis. The patient's treatment history included bilateral transforaminal epidural steroid injections at the L3 level, a colonoscopy, and a CT scan of the cervical spine. The patient's diagnoses included low back pain and diverticulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for extreme lateral interbody fusion (XLIF) at L3-4 with pedicle screws: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The ACOEM recommends surgery for low back injuries when there is documentation of physical findings that result in significant deficits and supported by an imaging study that would benefit from surgical intervention. The clinical documentation submitted for review did not provide any physical findings to support deficits that would require surgical

intervention. Additionally, the ACOEM recommends spinal fusion for patients who have evidence of instability. The clinical documentation submitted for review does not provide evidence that the patient has significant instability of the spine. Although, the MRI does indicate that the patient does have disc bulging of the L3-4, decompression of this bulge does not provide significant evidence of instability. Therefore, the need for fusion surgery is not clearly indicated within the submitted documentation. As such, the request is not medically necessary or appropriate.

"Associated surgical service". request for a 4-day inpatient 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.