MAXIMUS Federal Services

Case Number:	CM13-0058259		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2011
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic 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 expert 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 20-year-old gentleman who sustained a low back injury in a work related accident on 08/10/11. The clinical records for review included a report of an MRI dated 04/18/13 that showed a central disc protrusion at L5-S1 without neuro compressive findings. The remaining levels were negative. The most recent clinical progress report of 10/01/13 documented ongoing complaints of low back pain and noted that the claimant had failed conservative care in the form of physical therapy, acupuncture, chiropractic measures, passive of time, and medications. Physical examination findings were not documented. The treating physician documented that the only option at this point was operative intervention to include a L5-S1 fusion given the claimant's clinical findings. Previous examination showed a normal sensory motor and reflexive examination with the exception of 4/5 strength to the left anterior tibialis and EHL on the 10/01/13 exam. Recommendation was made for the surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

. LAMINOTOMY (HEMILAMINECTOMY) WITH DECOMPRESSION OF NERVE ROOTS, INCLUDING PARTIAL FACETECTOMY: 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), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: Based on California ACOEM 2004 Guidelines, surgical intervention for laminotomy (hemilaminecotomy) and decompression at L5-S1 cannot be recommended as medically necessary. The imaging provided for review does not contain any evidence of compressive findings on MRI scan to warrant the procedure in this young 20-year-old individual.

ANTERIOR INSTRUMENTATION, 2 TO 3 VERTEBRAL SEGMENTS: 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), Low Back

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

Decision rationale: Based on California ACOEM 2004 Guidelines, surgical intervention with instrumentation for an anterior and posterior lumbar fusion and decompression at L5-S1 cannot be recommended as medically necessary. ACOEM Guidelines only support the role of lumbar fusion procedures in settings involving fracture, dislocation, or segmental instability of the lumbar spine. There is no documentation in the records provided for review to indicate segmental instability to support the request for a fusion. The imaging provided for review does not contain any evidence of compressive findings on MRI scan. At present, there would be no acute indication for surgical fusion at the L5-S1 level in this young 20-year-old individual.

ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE: 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), Low Back

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

Decision rationale: Based on California ACOEM Guidelines, the role of spinal fusion in this case has not yet been established, thus, negating the need for this specific portion of the surgical process being requested.

TWO (2) DAYS OF INPATIENT STAY: 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), Low Back

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.