

Case Number:	CM13-0058772		
Date Assigned:	02/24/2014	Date of Injury:	10/21/2012
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
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 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 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 32-year-old male with a date of injury of October 21, 2012. The patient was injured when he was lifting heavy luggage. The patient has chronic low back pain. The pain radiates to his right leg. It's associated with right leg weakness and tingling. Physical examination shows limited range of motion on motion. Ankle dorsiflexion is 4/5. EHL is 4/5. Plantar flexion is 4/5. Ankle eversion is 4/5. There is decreased sensation in the lateral leg and dorsum of the foot. There is decreased sensation in the posterior leg. Lumbar MRI from January 2013 revealed L5-S1 minimal spondylolisthesis. There is bilateral L5 spondylolisthesis. There is a 6 mm disc protrusion that a box but does not compress or displace the right S1 nerve root. Conservative treatment has included activity modification, medication, physical therapy, and lumbar ESI. At issue is whether lumbar L5-S1 decompressive and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 LUMBAR DECOMPRESSION WITH FUSION AND INSTRUMENTATION:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 307.

Decision rationale: Established criteria for lumbar decompression and fusion surgery are not met. Specifically, the patient does not have documented instability in the lumbar spine. There is no imaging study that documents abnormal motion of any lumbar segment. In addition, the patient has no red flag indicators for spinal fusion, such as fracture, tumor, progressive neurologic deficit, or instability. Lumbar fusion is not medically necessary. Lumbar decompression is also not medically necessary. Specifically, there is no correlation between specific lumbar radiculopathy and compression was leading to an associated nerve root in the lumbar spine imaging study. The lumbar spine imaging studies do not demonstrate any significant compression of the nerve roots. Since there is no correlation between lumbar compression on imaging studies and the physical examination, lumbar decompression surgery is not medically necessary. In addition, there is no documentation of neurophysiologic testing that correlates with physical examination and imaging studies showing nerve root compression. Lumbar decompression and fusion surgery as not medically necessary in this case.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association Of Orthopedic Surgeons Position Statement Reimbursement of The First Assistant at Surgery in Orthopedics

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, the associated services are medically necessary. Since the primary procedure is not medically necessary, the associated services are medically necessary. Since surgery is not medically necessary, than all other associated items are not needed.

1-3 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 surgery is not medically necessary, than all other associated items are not needed.

12 POSTOPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, than all other associated items are not needed.

COLD THERAPY UNIT: 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), Continuous-Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, than all other associated items are not needed.

BACK BRACE: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, than all other associated items are not needed.

BONE GROWTH STIMULATION UNIT: 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), Bone Growth Stimulators (BGS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, than all other associated items are not needed.