

Case Number:	CM13-0060623		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2010
Decision Date:	04/14/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 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:

This is a 37-year-old female who injured her low back on 11/10/10. The clinical records provided for review include a 9/19/13 note that documented ongoing complaints of low back pain. It was documented that neurologically the claimant had significant atrophy of the quadriceps musculature and weakness with knee flexion and extension at 3/5 as well as foot dorsiflexion at 5-/5. There was sensory deficit in an L4 and L5 dermatomal distribution on the left and right at S1. Recent imaging included a 5/31/13 MRI report that showed multilevel disc degeneration with central protrusion at L5-S1. The claimant's current diagnosis was L3 through S1 disc herniation with severe left lower extremity radiculopathy. The recommendation was made for a three-level decompression and fusion at the L3 through L5 level. Other than the MRI scan, no other imaging was available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L3-L4, L4-L5 AND L5-S1 DECOMPRESSION AND FUSION: Upheld

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

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

Decision rationale: Based on the ACOEM Guidelines, the proposed three-level lumbar fusion would not be indicated. The claimant's current clinical picture does not support any evidence of segmental instability at any of the three requested surgical levels to justify the role of fusion procedure. While it is documented that the claimant has continued radicular findings on examination, the lack of documentation of instability at the requested surgical levels indicates a lack of medical necessity. The request is not medically necessary and appropriate.

1 LUMBAR SACRAL ORTHOSIS: Upheld

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

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.

ROUTINE PRE-OPERATIVE MEDICAL WORK-UP: Upheld

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

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.

18 POST-OPERATIVE AQUATIC THERAPY SESSIONS: Upheld

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

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.