

Case Number:	CM13-0063265		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2012
Decision Date:	04/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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 claimant is a 37-year-old male who injured his low back on October 16, 2012. The clinical records provided for review documented that the claimant is status post a prior L5-S1 laminectomy and discectomy in June of 2013. Postoperatively, it is documented that the claimant continued to have pain complaints for which an October 22, 2013 postoperative MRI report showed disc desiccation at L5-S1 with prior surgical changes but no indication of recurrent disc herniation. There was a stable 4-millimeter retrolisthesis with degenerative changes and disc osteophyte complex. Plain film radiographs were unavailable for review. It was also documented that the claimant had electrodiagnostic studies in September 2013 that were noted to be "normal." At a recent follow-up with [REDACTED] on January 15, 2014 ongoing complaints of postoperative pain despite conservative measures were noted. Physical examination showed an antalgic gait, a normal sensory examination, tenderness over the L5 transverse process region with diminished strength with left toe flexion against resistance. After review of the postoperative imaging, a lumbar fusion at L5-S1 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR POSTERIOR DECOMPRESSION WITH INSTRUMENTATION AND INTERBODY FUSION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307.

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

Decision rationale: While the claimant is noted to have had a prior decompression at L5-S1, there is no documentation of segmental instability or recurrent nerve compressive findings that would support the role of a secondary surgical process. This individual also has negative electrodiagnostic studies and no indication of flexion/extension instability on imaging. The absence of the above would fail to necessitate the surgical process. The request for a lumbar posterior decompression with instrumentation and interbody fusion at L5-S1 is not medically necessary and appropriate.

3 DAY LENGTH OF STAY INPATIENT: 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.

PHYSICIAN TO ASSIST: 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.

INTRA-OPERATIVE NEURO MONITORING: 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.