

Case Number:	CM13-0066389		
Date Assigned:	01/03/2014	Date of Injury:	07/01/2009
Decision Date:	04/09/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Ortho 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 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 43-year-old male with date of injury July 1, 2009. The patient has chronic back pain. He is diagnosed with lumbar strain and multiple levels of lumbar disc degeneration. MRI from January 2013 demonstrates multiple levels of degenerative changes from L2-S1 vertebrae. Degeneration is most significant at L4-5 and L5-S1 levels. There is minimal foraminal narrowing at these levels with no central stenosis. At issue is whether cervical spine fusion surgery is medically necessary at this time patient has had physiotherapy, medications, home exercises and chiropractic treatment which failed to relieve his pain. &ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Fusion Instrumentation, and bone grafting of L4-5, QTY: 1.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation : American College of Occupational and Environmental Medicine (ACOEM). California Guidelines Plus. Web-based version: \"Spinal Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence The Physician Reviewer's decision rationale: Transforaminal Lumbar Fusion

Instrumentation, and bone grafting of L4-5: MTUS:American College of Occupational and Environmental Medicine (ACOEM). California Guideli

Decision rationale: This patient does not meet criteria for lumbar decompression or fusion surgery. Specifically, there is no evidence of instability, fracture, or concerns were 2 in the medical records. The patient does not have a documented significant neurologic deficit. There is no significant compression of the spinal canal or nerve roots documented on any imaging study. Criteria for spinal decompression and fusion surgery are not met.

Assistant Surgeon: QTY1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). California Guidelines Plus. Web-based version: \"Spinal Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence The Physician Reviewer's decision rationale: Transforaminal Lumbar Fusion Instrumentation, and bone grafting of L4-5: MTUS:American College of Occupational and Environmental Medicine (ACOEM). California Guideli

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

Hospital Stay (in days) QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). California Guidelines Plus. Web-based version: \"Spinal Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence The Physician Reviewer's decision rationale: Transforaminal Lumbar Fusion Instrumentation, and bone grafting of L4-5: MTUS:American College of Occupational and Environmental Medicine (ACOEM). California Guideli

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

Two Units of autologous blood donation, QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM). California Guidelines Plus. Web-based version: \"Spinal Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence The Physician Reviewer's decision rationale: Transforaminal Lumbar Fusion Instrumentation, and bone grafting of L4-5: MTUS:American College of Occupational and Environmental Medicine (ACOEM). California Guideli

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

Lidoderm 5% Patches, QTY: 10.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). California Guidelines Plus. Web-based version: \"Spinal Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence The Physician Reviewer's decision rationale: Transforaminal Lumbar Fusion Instrumentation, and bone grafting of L4-5: MTUS:American College of Occupational and Environmental Medicine (ACOEM). California Guideli

Decision rationale: Since his surgery is not medically necessary, than all other items are not needed, in addition established guidelines do not support the use of lidocaine patches for chronic low back pain.