

Case Number:	CM13-0067289		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2013
Decision Date:	05/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The claimant is a 48-year-old, gentleman injured 06/18/13 picking up an object at work resulting in acute low back complaints. The records indicate conservative treatment. An MRI report of 08/12/13 demonstrates disc bulge with facet changes and mild foraminal stenosis at the L3-4 level. The L4-5 level is also with a disc protrusion with encroachment, right greater than left on the nerve root with boarder line canal stenosis with L5-S1 also being with a small disc bulge resulting in borderline foraminal stenosis. Prior review of a CT myelogram from November 2013 shows disc bulging with spurring and neural foraminal narrowing at the L4-5 level. Plain film radiographs were not documented. Recent follow up assessment of 11/30/13 with [REDACTED] [REDACTED] sited continued low back complaints with physical examination not documented. A previous evaluation from 10/14/13 stated neurologic examination was "normal". Based on failed conservative care, [REDACTED] recommended an L4-5 interbody fusion with a two day inpatient stay, a bone growth stimulator, and purchase of a lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4/5 POSTERIOR OBLIQUE LUMBAR ARTHRODESIS POSTEROLATERAL FUSION TO BE DONE AT [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM Guidelines lumbar fusion would not be indicated. This individual is with no indication of segmental instability or documented radicular findings at the L4-5 level to necessitate the need for fusion. The absence of the above would fail to support the need of surgical intervention.

INPATIENT HOSPITAL STAY, 2 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Low Back Procedure.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, two day inpatient stay would not be indicated as the need for operative intervention has not yet been established.

POST OPERATIVE BONE STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Low Back Procedure.

Decision rationale: California MTUS Guidelines are silent regarding the postoperative use of a bone growth stimulator. When looking at Official Disability Guidelines criteria it would not be indicated as the need for operative intervention has not been established.

PURCHASE OF THORACIC LUMBAR SACRAL ORTHOTIC (TLSO) BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298,301.

Decision rationale: California MTUS Guidelines also would not support the role of back brace in this individual as the need for operative intervention has not been established.