

Case Number:	CM13-0067607		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2011
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Spine 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 59-year-old male with the date of injury of November 15, 2011. The patient has chronic low back pain radiating to the left lower extremity. Physical exam reveals 4-5 weakness in left knee extension and dorsiflexion, there is decreased sensation in the left leg mostly in the L4 distribution. MRI from August 2013 shows a posterior disc protrusion with narrowed L3-4 interspace. The official reading of the imaging studies does not demonstrate any instability in the lumbar segment. Treatment to date includes physical therapy, activity modification, chiropractic care, and medications. At issue is whether L3-4 TLIF fusion with interbody device and posterior pedicle screws and fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 TRANSFORAMINAL LUMBAR INTERBODY FUSION (TLIF), PSF/PSI: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.

Decision rationale: This patient does not meet established criteria for lumbar fusion surgery. Specifically, there is no documented instability on any imaging study in the medical records. Radiology report of the lumbar MRI does not demonstrate instability. In addition, there is no evidence of fracture, tumor, or progressive significant neurologic deficit. Criteria for lumbar fusion are not met in this case. TLIF and posterior fusion surgery are not medically necessary.

FACILITY - INPATIENT STAY 2 DAYS: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SURGICAL ASSISTANT: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LUMBAR BACK BRACE L0637: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 BOX ISLAND BANDAGE (4 X 10): 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OP PHYSICAL THERAPY (3 X 6): 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Spine (Phila Pa 1976). 2009 May 1; 34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.