

Case Number:	CM13-0067806		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2004
Decision Date:	05/02/2014	UR Denial Date:	11/25/2013
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 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 claimant is a 62-year-old gentleman injured in a work-related accident June 30, 2004. The clinical records provided for review specific to the claimant's lumbar spine identified a report of an MRI of the lumbar spine dated November 7, 2013 indicating significant degenerative change. At the L2-3 level, there was noted to be degenerative change with loss of disc height, concentric bulging, right paracentral protrusion, and right L3 nerve root compression at the lateral recess. There was no documentation of left lateral recess or neural foraminal narrowing. Postsurgical changes in the form of prior fusion were noted at the L5-S1 level. The follow-up visit of November 13, 2013 noted that the claimant was status post L5-S1 surgery in 2006 and continues to have low back pain with radiating bilateral lower extremity complaints. There is documentation of failed physical therapy and conservative measures. Examination showed tenderness to palpation at the L2-3 level with 5/5 motor strength to the lower extremities and negative straight leg raising. Based on the claimant's diagnostic studies, a fusion at the L2-3 level is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 TLIF PSF/PSI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM guidelines, the L2-3 fusion cannot be recommended as medically necessary. The clinical records provided for review fail to demonstrate evidence of segmental instability or physical examination findings demonstrating a radicular process at the L2-3 level, for which operative intervention would be indicated. The absence of the above would fail to correlate for need of operative care in this case.

Surgical Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

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 Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines.

Decision rationale: The request for surgical fusion at L2-3 is not recommended as medically necessary. Therefore, the request for a surgical assistant would not be necessary.

Facility inpatient stay, 2 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Chapter low back; procedure - Fusion (spinal), Length of Stay (LOS).

Decision rationale: The proposed fusion at L2-3 is not recommended as medically necessary. Therefore, the request for an inpatient hospital stay would not be necessary.

DME purchase of Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, and 301.

Decision rationale: The proposed lumbar fusion at L2-3 is not recommended as medically necessary. Therefore, the request for a lumbar back brace would not be necessary.

Post-op physical therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 9th Edition, (web) 2011.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for a lumbar fusion at L2-3 is not recommended as medically necessary. Therefore, the request for 18 sessions of therapy would not be necessary.