

Case Number:	CM13-0067815		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2000
Decision Date:	04/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic 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 had lumbar laminectomy surgery in 2001. The patient continues to have back and leg pain. He has had 2 epidural steroid injections. Other recently attempted conservative measures are not documented. Physical examination shows the patient has a decreased range of back motion. Motor skills exam shows 4-5 strength in the left lower extremity with side flexion and knee extension. The patient has diminished sensation in the left lateral calf and bottom of his toes. CT myelogram demonstrates L5-S1 disc degeneration with disc extrusion at L5-S1 and a prior laminectomy at L4-5 with poor filling of the left exiting nerve root. At issue is whether additional spinal surgery medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME): BONE STIMULATOR: 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), Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

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

DURABLE MEDICAL EQUIPMENT (DME): TLSO BRACE: 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), Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

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

PRE-OP MEDICAL AND CARDIAC CLEARANCE: 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), Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

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

LEFT L5-S1 AND RIGHT POSTERIOR OBLIQUE LUMBAR ARTHRODESIS W/POSTERIOR INSTRUMENTATION AND FUSION AND A REDO LAMINECTOMY: 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), Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

Decision rationale: This patient has not established criteria for a redo laminectomy and lumbar fusion surgery. Specifically, there is no significant neurologic deficit documented on physical examination that correlates with imaging study showing specific compression of the nerve root causing radiculopathy. Also, the patient's imaging studies do not document any evidence of lumbar instability, fracture, or concerns for tumor. The patient does not have progressive neurologic deficit. The patient does not have lumbar instability. Criteria for lumbar fusion and decompression are not met.