

Case Number:	CM13-0067952		
Date Assigned:	01/03/2014	Date of Injury:	11/12/2011
Decision Date:	05/02/2014	UR Denial Date:	11/15/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female who sustained an injury to the low back in a work related accident on 11/12/11. The current clinical records provided for review included a 08/16/13 MRI report of the lumbar spine showing a disc herniation at L3-4 with left greater than right canal narrowing and an L4-5 disc bulging with prominent central findings, but no indication of acute nerve root compression. Physical examination performed on 08/16/13 documented the claimant's chief complaint of low back pain, chronic in nature, with no focal neural deficits. Physical findings showed the neurologic examination intact with a normal sensory, motor and reflexive examination but an antalgic gait due to pain complaints. Based on the claimant's failed conservative care, a recommendation was made for an L3 through L5 transforaminal lumbar interbody fusion. The 10/29/13 assessment documented that examination showed 4+/5 strength globally of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-5 Transforaminal Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Low Back, Spinal fusion.

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

Decision rationale: Based on California ACOEM Guidelines, the request for a two level lumbar fusion procedure cannot be recommended as medically necessary. The claimant's clinical complaints appear to be primarily axial in nature with no documentation of a specific radicular process at the L3-4 and L4-5 level on examination that would necessitate surgical intervention. In addition, the claimant's imaging does not identify any evidence of segmental instability to necessitate the fusion procedure. This specific clinical request in this case would, thus, not be indicated.

3 Day inpatient stay: 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Fusion (spinal); Length of Stay (LOS).

Decision rationale: The proposed L3-5 transforaminal lumbar interbody fusion cannot be recommended as medically necessary. Therefore, the request for a three day inpatient stay would not be indicated.

Assistant Surgeon [REDACTED]: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon: Assistant Surgeon Guidelines.

Decision rationale: The request for an L3-5 transforaminal lumbar interbody fusion cannot be recommended as medically necessary. Therefore, the request for a surgical assistant would not be indicated.

Aspen LSO lumbar 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 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, and 301.

Decision rationale: The proposed L3-5 transforaminal lumbar interbody fusion is not recommended as medically necessary. Therefore, the request for an Aspen LSO lumbar bracing is not indicated.