

Case Number:	CM14-0000042		
Date Assigned:	01/17/2014	Date of Injury:	10/03/2012
Decision Date:	05/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 32-year-old injured worker sustained a low back injury on October 3, 2012. Recent clinical records for review include an October 23, 2013 progress report indicating ongoing complaints of low back pain with radiating leg pain on the right. Physical examination findings demonstrate tenderness to the lumbar region with 5/5 distal motor strength, equal and symmetrical distal reflexes and a normal sensory examination. There was pain with restricted range of motion. Among the medical records reviewed were a previous MRI report demonstrating a disc protrusion at L4-5 resulting in stenosis and recent plain film radiographs including flexion and extension views that showed 3 millimeter retrolisthesis at L4 on L5 with no documented instability. Based on the claimant's failed conservative care to date, the L4-5 fusion procedure was being recommended for further definitive management.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P: L4-5 EXTREME LATERAL INTERBODY FUSION, FOLLOWED BY POSTERIOR FUSION WITH INSTRUMENTATION PER RFA 11/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back

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

Decision rationale: Based on the ACOEM Guidelines, the role of an L4-5 discectomy and lumbar interbody fusion would not be indicated. While the claimant continues to report complaints of pain and there is a noted disc protrusion on imaging, there is no evidence of segmental instability or an indication of positive physical examination finding that would correlate with the proposed surgical level at L4-5. The requested surgery cannot be established as medically necessary without documentation of a progressive neurologic deficit and or instability. The request is not medically necessary and appropriate.

P2P: ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL: LUMBAR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

P2P: INSERT SPINE FIXATION DEVICE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

P2P APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG. SYNTHETIC CAGE(S), THREADED BONE DOWE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

P2P: UNLISTED PROCEDURE, SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

P2P: BONE MARROW; ASPIRATION ONLY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

P2P: 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 cite any medical evidence for its decision.

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

P2P: PRE OP MED CLEARANCE INCLUDING CBC, CMP, PT/PTT, EKG, POSS CHEST X-RAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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