MAXIMUS Federal Services

Case Number:	CM14-0002711		
Date Assigned:	01/29/2014	Date of Injury:	05/03/2004
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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:

The injured worker is a 53-year-old who sustained an injury on May 03, 2004. The diagnosis is lumbosacral neuritis. A progress note dated October 9, 2012 notes an industrial back injury. At that time there were "no radicular or neurologic complaints." The injured worker was found to be in a "stable condition." Medications are taken every eight hours for pain. A one-year follow-up was outlined. In December, 2012 a separate clinical evaluation was completed and the diagnosis was lumbar spondylosis, status post lumbar laminectomy/discectomy and it was noted that the condition was stable. Subsequently, additional narcotic medications were prescribed. Six months later an additional follow-up evaluation was completed. Left lower extremity pain is noted. A repeat lumbar MRI noted a disc protrusion at lumbar spine (L5/S1). This finding did not account for the bilateral symptoms. An additional MRI was completed in July, 2013. Multiple level disc desiccations were reported. Also noted, is multiple level facet joint hypertrophy and ligamentum flavum hypertrophy. A disc protrusion with annular tear is noted at L5/S1. Surgical intervention was requested in December. The progress note indicated a possible lumbar fusion would be sought as well. There is a request for utilization review seeking a lumbar fusion surgery that was not certified in the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 RIGHT L5-S1 DECOMPRESION/DISCECTOMY/INTERSPINOUS FIXATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: When considering the date of injury, the surgical intervention, the multiple level degenerative changes noted on lumbar spine MRI and the rather marginal findings noted at the proposed surgical level there is insufficient clinical data presented to suggest that operative intervention to include fixation/fusion would have any chance that a positive outcome. Furthermore, as noted in the MTUS fusion is reserved for fracture, dislocation, infection and none of these maladies exist. The literature does not support fusion as an alternative to chronic low back pain. The request for one right L5-S1 decompression/discectomy/interspinous fixation is not medically necessary or appropriate.

PROSPECTIVE REQUEST FOR 1 ASSISTANT SURGEON: 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.

PROSPECTIVE REQUEST FOR 1 LUMBAR BACK BRACE: 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.