

Case Number:	CM14-0004070		
Date Assigned:	07/09/2014	Date of Injury:	08/20/2013
Decision Date:	08/08/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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, has a subspecialty in Spine 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 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 has a date of injury of August 20, 2013. The patient has chronic back pain. He is a 56-year-old male. Magnetic resonance imaging (MRI) from October 2013 shows L2-3 disc degeneration with moderate canal stenosis, L3-4 disc degeneration with moderate canal stenosis, L4-5 disc degeneration with severe spinal stenosis. Patient continues to have chronic low back pain. Physical examination shows 4-5 muscle strength in the right quadriceps right tibialis anterior right extensor hallucis longus (EHL) and right gastrocsoleus complex. Reflexes are diminished on the right compared to the left. X-rays of lumbar spine show multilevel disc degeneration. Patient is taken Medrol Dosepak. At issue is whether multilevel laminectomy with L4-5 posterior lumbar fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY L2-5 WITH INSTRUMENTED FUSION L4-S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: This patient does not meet criteria for lumbar fusion surgery. Specifically there is no documented instability lumbar spine. There is no documented fracture, tumor, or progressive neurologic deficit. There is no evidence of previous failure fusion. Lumbar fusion surgery is not medically necessary. In addition, there is no clear correlation between the patient's physical exam findings and magnetic resonance imaging (MRI) evidence showing specific compression of a nerve root that matches the physical exam findings. Therefore, criteria for multilevel lumbar laminectomy are not met. Establish criteria for both multilevel laminectomy and fusion not met and therefore not medically necessary.

POSTERIOR LUMBAR INTERBODY FUSION WITH INSERTION OF BIOMECHANICAL DEVICES L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: Lumbar fusion is not medically necessary because there is no documented instability, fracture, or failure previous fusion. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Therefore, the fusion is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 12th Edition, Arthroscopy (Shoulder), Assistant Surgeon American College of Orthopedic Surgeons, et al. Physicians as Assistants at Surgery 2002 Study. Surgical Assistant Procedure Coverage (<http://www.aaos.org/news/bulletin/jun07/managing5.asp>).

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.

3-4 DAY INPATIENT STAY: 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), Low Back Chapter, Hospital Length of Stay (LOS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

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