

Case Number:	CM14-0006457		
Date Assigned:	02/21/2014	Date of Injury:	09/29/2008
Decision Date:	08/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 New York, New Jersey and 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 51-year-old male with a 9/29/08 date of injury, when he attempted to lift a heavy individual. The 6/19/12 MRI of the lumbar spine revealed L3-4 diffuse disc bulging, narrowing bilateral recess and mild central canal stenosis. At L4-5, there was disc osteophyte bulging, marked narrowing of the bilateral recess and moderate spinal canal stenosis. The 3/18/13 CT revealed lateral disc protrusion at L4-5 with compression of the far lateral L4 nerve root. The 3/11/13 electrodiagnostics revealed slight peripheral neuropathy and normal EMGs. The 12/3/13 AME recommended further psychological evaluation treatment. On 12/10/13 there was note of lumbar back and left lower extremity pain. There was gradual worsening of symptomatology, and 4-/5 left dorsiflexion and plantar flexion strength; as well as reduced sensation in the anterior foot of the left lower extremity. Treatment to date has included PT, activity modification, chiropractic care, lumbar ESx5 and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; fusion.

Decision rationale: Medical necessity for the requested L4-5 decompression/fusion is not established. This request obtained an adverse determination due to lack of documented instability and/or spondylolisthesis, as well as no psychosocial examination. In the context of this appeal, no additional medical records, including flex/ex films demonstrating loss of motion segment integrity were provided. In addition, an AME suggested further psychological evaluation. Due to the nature of surgical intervention, it would be medically reasonable to assess the patient's expectations from surgical treatment, and provide necessary preoperative psychological treatment. Based on the provided medical records, the request remains unsubstantiated.

INPATIENT X 3: Upheld

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

ASSISTANT SURGEON: Upheld

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

ASPEN LSO BRACE: Upheld

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