

Case Number:	CM14-0007194		
Date Assigned:	02/07/2014	Date of Injury:	06/12/2013
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/20/2014

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 45 year-old male who is reported to have sustained work related injuries to his low back on 06/12/13. The injured worker is reported to have developed low back pain after carrying a refrigerator up three flights of stairs. Treatment has included oral medications, physical therapy, and Transforaminal Epidural Steroid Injections on 09/17/13 and 11/12/13. Physical examination dated 08/28/13 is normal with intact reflexes, motor strength, and sensation. On 10/23/13, it is reported that the patient has developed left leg pain and perhaps some decreased sensation in the left L4 distribution. On physical examination dated 11/26/13, the patient is again noted to have intact motor strength, sensory, and reflexes. The record includes an MRI of the lumbar spine dated 07/09/13. This study notes mild facet degenerative changes at L3/4. At L4/5 there are facet degenerative changes with mild ligamentum flavum hypertrophy. There is a right foraminal disc protrusion and annular tear with moderate right foraminal narrowing. There is no exiting nerve root compression. A repeat ODG dated 11/21/13 is reported to be unchanged. However, this study reports a right lateralizing disc protrusion that contacts the right L4 nerve root. A request for L4/5 posterior decompression and fusion with ICBG, screws, and cages with 3 day inpatient stay, assistant surgeon, and postoperative LSO was non-certified under utilization review on 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 POSTERIOR DECOMPRESSION AND FUSION W/ ICBG SCREWS AND CAGES:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The submitted records indicate the injured worker is a 45 year-old male who has complaints of low back pain radiating into the lower extremity. He has been treated with oral medications, physical therapy and transforaminal epidural steroid injections. Serial examinations show no evidence of an active lumbar radiculopathy. There are no motor/sensory changes or loss of relevant reflexes. There was no clinical indication for epidural steroid injections. The records do not indicate that lumbar flexion and extension radiographs were performed to document instability at the requested operative level. While there is evidence of a lateralizing disc protrusion at the requested level this is not correlated by physical examination. Per ACOEM as there is no evidence of instability and noting that physical examination does not correlate with imaging the medical necessity is not established. It would further be noted that ACOEM requires a preoperative psychiatric evaluation which has not been performed. Therefore, the request is not medically necessary.

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 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.

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.

A RIGID LUMBAR 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.