

Case Number:	CM14-0101098		
Date Assigned:	07/30/2014	Date of Injury:	10/20/2011
Decision Date:	10/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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 claimant is a 44 year old gentleman who sustained a low back injury in a work related accident on 10/20/11. The clinical progress report of 6/12/14 documented severe back pain with stiffness and associated numbness and tingling of the lower extremities. Physical examination was documented to show restricted lumbar range of motion, a prior surgical scar, 4/5 strength with bilateral hip flexion and knee extension and equal and symmetrical reflexes. The claimant was noted to be status post lumbar microdiscectomy and hemilaminectomy at the L5-S1 level performed in early 2014. Plain film radiographs of 6/12/14 showed diminished disc space at L5-S1. The report of a postoperative MRI dated 4/1/14 revealed a shallow disc protrusion at L5-S1 but no compressive pathology. It was also documented that postoperative care has included, medication management, injection care, activity modifications and work restrictions. There is currently a request for a fusion procedure at the L5-S1 level due to claimant's ongoing postoperative pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Fusion with Insertion with Interbody Spacer & Bone Protein: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-Fusion (spinal) & Discectomy www.bcbsnc.com <http://www.ncbi.nlm.nih.gov/pubmed/18019467>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: Assistant Surgeon.

Decision rationale: Based on California ACOEM Guidelines and supported by the Milliman Care Guidelines, the recommendation for Anterior Lumbar Fusion with instrumentation of L5-S1, Co-Surgeon, cannot be recommended as medically necessary. The medical records provided for review do not identify any evidence of segmental instability or postoperative neural compressive findings on imaging to support the role of further operative process. While this individual is noted to be with continued pain complaints, the requested surgical procedure would fail to satisfy guideline criteria. Therefore, the request of anterior Lumbar Fusion with Insertion with Interbody Spacer & Bone Protein is not medically necessary and appropriate.

Co-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.

Instrumentation of L5-S1: 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.