

Case Number:	CM14-0101818		
Date Assigned:	07/30/2014	Date of Injury:	07/11/2011
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
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 Pennsylvania. 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 47-year-old gentleman who injured his low back in work related accident on 07/11/11. The records provided for review document that the claimant underwent an L5-S1 hemilaminectomy and discectomy in August, 2013. Postoperative records document ongoing complaints of pain. The report of a postoperative MRI dated 03/06/14 revealed postsurgical changes at the L5-S1 level with a right paracentral disc protrusion contacting the exiting right S1 nerve root. The L4-5 level showed mild to moderate central stenosis and annular tearing. The report of a follow up visit on 06/11/14 noted continued complaints of pain and numbness of the lower extremities and that the claimant had failed a recent course of epidural steroid injections. There was no documentation in the report of physical examination findings on that date. An L5-S1 fusion with instrumentation was recommended. The medical records did not include a report of plain film radiographs. Going back to a previous assessment on 12/16/13 the physical examination was documented as negative straight leg raising, 5/5 motor strength and no documented sensory or reflexive deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Discectomy And Fusion With Instrumentation L5-S1 Preoperative: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: Based on the California ACEOM Guidelines, the proposed lumbar fusion at the L5-S1 level cannot be supported. While it is documented that the claimant continues to have complaints of pain, there are no positive physical examination findings demonstrating progressive neurologic findings or evidence of segmental instability on an imaging report to support the need for a fusion procedure. ACOEM Guidelines recommend fusion in the circumstances of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment to be operated on. Without clinical correlation between imaging findings and the claimant's examination, the request for a fusion at the L5-S1 level cannot be supported.

Health Clearance: 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.

Inpatient Hospitalization X2 Days For Lumbar Surgery: 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.

Assisting 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.

Access 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..

Lumbar Brace For The Low Back: 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.

Post Operative Physical Therapy X 12 Sessions For The Low Back: 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.