

Case Number:	CM14-0011723		
Date Assigned:	05/07/2014	Date of Injury:	09/16/2009
Decision Date:	08/13/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 patient is a 49-year-old female with a 9/16/09 date of injury, when she reached for a dolly that was falling. Diagnosis includes degenerative lumbar disc disease, intractable lumbar pain, sciatica, and lumbar stenosis. 8/23/13 MRI revealed only minimal central decompressive laminectomy at L4-5 level; severe bilateral stenosis due to prominent degenerative bilateral facet hypertrophy. Flex/Ex films revealed no instability. 1/9/14 UR review indicated that surgical treatment and associated requests were not medically reasonable due to lack of recent comprehensive physical examination describing subjective/objective data. Most recent PE was from 2011. 5/12/11 Progress note described low back pain; diffuse tenderness; reduced range of motion; and positive SLR. There was 4/5 left tibialis weakness; otherwise 5/5 strength; L5 sensory loss; and a slightly antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Re-Exploration for revision bilateral lumbar L4-5 Decompressive Foraminotomie/Facetomie L5 to L5 Instrumented Posterlateral Fusion: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA.

Decision rationale: This request obtained an adverse determination due to lack of recent physical examination. The last physical examination provided was over 2.5 years prior to the request. Within the context of this appeal, there were no additional medical records, including an updated physical examination with subjective/objective medical information. CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Furthermore, flex/ex films revealed no instability. CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The request is not medically necessary.

(3) Days inpatient hospital 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.

Intraoperative neuromonitoring: 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.