

Case Number:	CM14-0013647		
Date Assigned:	02/26/2014	Date of Injury:	06/24/2004
Decision Date:	07/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

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. 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 69-year-old who sustained an injury on July 24, 2004. The patient has chronic back pain. The patient has had physical therapy and chiropractic treatment. The patient's epidural steroid injections. The patient takes multiple medications to include Celebrex. Physical examination shows mild EHL weakness bilaterally otherwise normal motor strength in the lower extremities. Sensation is intact in the bilateral lower extremities. Hips and knees are non-tender. MRI lumbar spine from 2013 shows lumbar spinal stenosis. X-rays of the lumbar spine revealed L5-S1 grade 1 spondylolisthesis with L4-5 spondylosis. The patient continues to have back pain. At issue is whether multilevel lumbar decompression fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR SPINAL FUSION, LAMINECTOMY L3-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: This patient does not meet establish criteria for multilevel lumbar decompression and fusion. Specifically, the patient does not have a significant documented

neurologic deficit on physical examination. The physical examination does not correlate with MRI imaging study showing specific compression of her nerve root. In addition, there is no documented lumbar instability. Flexion-extension views showing abnormal motion are not documented medical records. The patient has no red flag indicators for spinal fusion surgery such as fracture, tumor, or neurologic deficit. There is no medical necessity for lumbar fusion and decompressive surgery. Criteria for lumbar decompressive or fusion surgery not met.

PREOPERATIVE LABS (CBC, CAMP, PTT, PT/INR/CR, AU, NARES CULTURE FOR MRSA): 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 surgery is not medically necessary, then all other associated items are not needed.

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 surgery is not medically necessary, then all other associated items are not needed.

INTERNIST MEDICAL 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 surgery is not medically necessary, then all other associated items are not needed.

LOW PROFILE LUMBAR BRACE FOR PURCHASE: 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 surgery is not medically necessary, then all other associated items are not needed.

EBI SPINAL PAK II BONE GROWTH STIMULATOR: 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 surgery is not medically necessary, then all other associated items are not needed.

SURGICAL ASSISTANT: 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 surgery is not medically necessary, then all other associated items are not needed.

EKG: 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 surgery is not medically necessary, then all other associated items are not needed.