

Case Number:	CM14-0017720		
Date Assigned:	04/16/2014	Date of Injury:	04/09/2013
Decision Date:	06/03/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/12/2014

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 54-year-old male who was injured on April 9, 2013, sustaining injury to the low back. Recent clinical record of January 8, 2014, indicated continued low back complaints with radiating right leg pain, and an examination that showed tenderness to palpation and an antalgic gait, positive trigger point tenderness, positive straight leg raising and 4/5 strength with right lower extremity strength assessment. Previous MRI of November 24, 2013, showed the L3-4 level to be with intervertebral disc desiccation with a 4 millimeter disc osteophyte complex and right sided neural foraminal narrowing. The L4-5 level was noted to be with facet disease, a 6 millimeter disc protrusion with exiting mass effect on the right S1 nerve root. Plain film radiographs failed to demonstrate segmental instability. Based on failed conservative care, including injections, medication management, and physical therapy, a two level L3 through L5 fusion was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FUSION OF L3-5 AS AN INPATIENT PROCEDURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California ACOEM Guidelines would not support the role of a two level fusion for this claimant. While this individual is noted to be with continued complaints of pain and tenderness, there is currently no documentation of segmental instability at the L3-4 or L4-5 level. There is also no indication of compressive pathology at L3-4. The absence of the above findings would fail to support the acute need of a fusion procedure at the requested levels.

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.

CELLSAVER DURING 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.

POST OP PHYSICAL THERAPY OF 3 X 3 WEEKS FOR 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.

THREE (3) DAY LENGTH OF STAY AFTER 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.

MEDICAL CLEARANCE AT HEALTHPOINTE: 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.