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| Case Number: | CM14-0018868 | | |
| Date Assigned: | 04/21/2014 | Date of Injury: | 04/01/2008 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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 records reviewed indicate that this 59-year-old individual sustained an injury in April, 2008. The current diagnosis is a left lumbar radiculitis. A note from the injured employee expresses his disappointment with the preauthorization determination made. A progress note dated December 19, 2013 notes ongoing low back pain with left leg involvement. The claimant has difficulty with prolonged ambulation. The medical history is significant for previous epidural steroid injections and a previous decompression procedure completed at L4-5 & L5-S1. Several comorbidities are identified. The injured worker is noted to be 5'10", 240 pounds, with difficulty toe and heel walking. A slight decrease in motor function to the left EHL is noted. Degenerative changes are noted in the lumbar spine with anterior subluxation of L5 on S1. Repeat imaging studies are noted. The studies noted the previous surgical changes, bilateral facet arthropathy, and a mild anterior listhesis. A QME evaluation was obtained and noted changes to the lateral aspect of foot and a slight weakness to the evertors of the left foot. The impression is a mild radiculopathy of S1 secondary to degenerative joint disease in the facets. An L5-S1 foraminotomy procedure was suggested. A repeat MRI of the lumbar spine dated January 2, 2014 specifically noted no evidence of a repeat disc protrusion in the lumbar spine. A significant foraminal stenosis secondary to spondylotic changes is identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 POSTERIOR LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: The MTUS does not support fusion surgery in the absence of fracture, dislocation, complications of tumor or infection. None of these maladies is noted. This is a gentleman who has undergone a lumbar decompression surgery, has developed arthritic changes in the facet joints; however, there is no noted instability, translation on flexion or extension films, evidence of infection or other neurogenic compromise. As such, the standards for fusion procedures at multiple levels are not met as outlined in the guidelines and there is insufficient clinical information presented to support this request.

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.

HOSPITAL STAY QTY. 2-3 DAYS: 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 X-RAYS: 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.

FOLLOW-UP APPOINTMENTS QTY. 1 YEAR POST OPERATIVELY: 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.