

Case Number:	CM14-0117036		
Date Assigned:	08/06/2014	Date of Injury:	08/05/2013
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 Texas. 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 injured worker is a 31 year old male with a date of injury of August 5, 201. The mechanism of injury is not described. The submitted clinical record consists of procedure reports for radiofrequency rhizotomy performed on June 6, 2014 and July 3, 2014. There is a record of electroencephalography monitoring under anesthesia dated June 26, 2014. There is an anesthesia record dated 06/28/14. No other clinical data is provided for review. The record contains a utilization review determination dated June 27, 2014 in which a request for L5-S1 anterior lumbar interbody fusion and inpatient stay of 2-3 days was not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion.

Decision rationale: The request for L5-S1 anterior lumbar interbody fusion is not supported as medically necessary. The submitted clinical records indicate that the injured worker has

undergone radiofrequency rhizotomy. No other clinical information was provided, and therefore a determination of medical necessity for L5-S1 anterior lumbar interbody fusion cannot be established.

Inpatient stay x 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.