

Case Number:	CM14-0128216		
Date Assigned:	08/15/2014	Date of Injury:	11/12/2012
Decision Date:	09/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Orthopedic Spine 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 has low back pain. Physical examination shows weakness of the right lower extremity. MRI lumbar spine shows L5-S1 disc degeneration with compression of the nerve roots. The patient has not responded to non-operative care. There is no documentation of instability in the medical records. There are no flexion-extension radiographs showing instability. The patient continues to have chronic low back pain. At issue is whether transforaminal interbody fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Tranforaminal Discectomy From RT Side Followed By Fusion,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: This patient does not meet establish criteria for lumbar fusion. Specifically the medical records do not indicate that there is any evidence of lumbar instability. There is no documentation of flexion extension views showing instability lumbar spine. Also, there is no documentation of any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Spinal fusion surgery is not medically necessary.

Pre-Op Clearance: 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. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not medically necessary.

DME Post Op LSO Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not medically necessary.

Post Op Aquatic Therapy: 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. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not medically necessary.