MAXIMUS Federal Services

Case Number:	CM14-0140169		
Date Assigned:	09/08/2014	Date of Injury:	02/12/2013
Decision Date:	10/03/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 patient is a 62-year-old male who has chronic low back pain. MRI lumbar spine shows degenerative changes with degenerative disc condition. There is foraminal narrowing at L2-3. The patient's date of injury was February 12, 2013 when he slipped and fell. He's had chiropractic care, physical therapy, acupuncture and medications. He continues to have pain. On physical examination the patient has normal motor strength but the bilateral lower extremities and normal sensation in the bilateral lower extremities. His gait is normal. There is scoliosis noted in the lumbar spine. MRI from 2013 shows 20 scoliosis centered L2-3. There is moderate central canal stenosis. At issue is whether L2-3 lumbar fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3 Extreme Lateral Interbody Fusion Supplemented By a Plastic Prosthetic Device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back

Decision rationale: This patient does not meet establish criteria for lumbar fusion. Specifically there is no documented evidence of instability with severe deformity. The patient is 62 years of age and has long-standing scoliosis. He only has 20 of scoliosis. There are no red flag indicators for spinal fusion surgery such as fracture, tumor, severe deformity or instability. There is no documentation of progressive neurologic deficit. Established criteria for lumbar fusion not met, and lumbar fusion is not medically necessary.

Assistant Surgeon/PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics Role of the First Assistant

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.

Pre-Op Medical Clearance with an Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Low Back Procedure Summary Updated 07/03/2014

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.

Post-Op Physical Therapy (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Consultation with Psychologist/Psychiatrist (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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.