

Case Number:	CM14-0142238		
Date Assigned:	09/10/2014	Date of Injury:	02/19/2011
Decision Date:	11/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 chronic low back pain. Patient has a date of injury of February 19, 2011. The patient underwent previous lumbar laminectomy and discectomy at multiple levels. He continues to have back and leg pain. Electrodiagnostic studies are consistent with a peripheral neuropathy. CT, MRI and x-ray show small recurrent L4-5 disc herniation. There is no evidence of any instability on x-rays to include flexion extension views. Patient continues to have chronic low back pain. At issue is whether revision lumbar surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 1 Anterior Instrumentation QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter, ODG low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Stage 1 application of intervertebral biomechanical device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Stage 1 allograft, morselized, or placement of osteopromotive material: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Stage 1 Arthrodesis, Anterior Interbody Technique, including minimal Discectomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

Decision rationale: This patient does not meet established criteria for revision lumbar surgery. Specifically there is no documentation of instability fracture or tumor. There is also no documentation of significant neurologic deficit that clearly correlate with imaging studies. Also the patient has no red flag indicators for spinal surgery to include fracture or tumor progressive deficit or instability. Lumbar spinal surgery is not medically necessary. Criteria for lumbar spinal surgery not met.

Stage 2 posterior segmental instrumentation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Stage 2 Arthrodesis, Posterior or Posterolateral Technique, single level lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: This patient does not meet established criteria for revision lumbar surgery. Specifically there is no documentation of instability fracture or tumor. There is also no documentation of significant neurologic deficit that clearly correlate with imaging studies. Also the patient has no red flag indicators for spinal surgery to include fracture or tumor progressive deficit or instability. Lumbar spinal surgery is not medically necessary. Criteria for lumbar spinal surgery not met.

Stage 2 Arthrodesis, Posterior Interbody Technique, including Laminectomy and/or Discectomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: This patient does not meet established criteria for revision lumbar surgery. Specifically there is no documentation of instability fracture or tumor. There is also no documentation of significant neurologic deficit that clearly correlate with imaging studies. Also the patient has no red flag indicators for spinal surgery to include fracture or tumor progressive deficit or instability. Lumbar spinal surgery is not medically necessary. Criteria for lumbar spinal surgery not met.

Stage 2 allograft, morselized, or placement of osteopromotive material: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: This patient does not meet established criteria for revision lumbar surgery. Specifically there is no documentation of instability fracture or tumor. There is also no documentation of significant neurologic deficit that clearly correlate with imaging studies. Also the patient has no red flag indicators for spinal surgery to include fracture or tumor progressive deficit or instability. Lumbar spinal surgery not medically necessary. Criteria for lumbar spinal surgery not met.

External bone growth stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar back brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vascutherm DVT unit rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.