

Case Number:	CM14-0177270		
Date Assigned:	10/30/2014	Date of Injury:	04/11/2012
Decision Date:	12/31/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 had a date of injury of April 11, 2012. The patient is a 35-year-old male with chronic low back pain. Nerve conduction studies are normal. The patient underwent lumbar epidural steroid injection at L5-S1; however, the injection did not help the symptoms. On physical examination, reflexes are normal. Sensory examination reveals right S1 decreased sensation. And motor examination reveals right S1 deficit. The patient continues to complain of back pain. X-rays of the lumbar spine shows disc space narrowing with retrolisthesis at L5-S1. And the MRI of the lumbar spine shows L5-S1 disc protrusion. At issue is whether 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:

Transforaminal lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. 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): 305-322.

Decision rationale: Per guidelines, this patient does not meet established criteria for lumbar fusion. Specifically, the medical records do not document instability. There is no evidence of flexion-extension views showing abnormal instability lumbar spine. In addition, there is no red flag indicator for spinal fusion surgery such as fracture, tumor, and progressive neurologic deficit. Therefore, Lumbar decompression or fusion surgery is not medically necessary in this case.

Co-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.

Three-day inpatient stay: 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.

Pre-operative clearance to include EKG, chest X-ray and labs: 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.

Cybertech 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 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.

