

Case Number:	CM14-0179240		
Date Assigned:	11/03/2014	Date of Injury:	02/01/2014
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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 Spine Surgeon 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 49-year-old male who reported an injury on 02/01/2014. He was reportedly pulling trash and developed low back pain. On 08/27/2014, the injured worker presented with low back pain associated with numbness, tingling, and weakness. Therapy included chiropractic care, epidural steroid injection at the L4-5 levels. Upon examination of the lumbar spine, there was normal lordosis and tenderness to palpation to the lumbosacral region. There was no tenderness to palpation along the SI joint or greater trochanter. There was limited range of motion with flexion, extension, and lateral rotation. There was normal tone with no paraspinal muscle spasm. There were no deformities noted or atrophy. There was a positive bilateral straight leg raise and positive bilateral Patrick's maneuver noted. Diagnoses were lumbago, lumbar disc herniation, lumbar radiculopathy, and lumbar stenosis. The provider recommended L1-2 laminectomies, L4-5, L5-S1 MIS TLIF. No rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2 laminectomies, L4-5, L5-S1 MIS TLIF: Upheld

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

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

Decision rationale: The request for L1-2 laminectomies, L4-5, L5-S1 MIS TLIF is not medically necessary. The California MTUS/ACOEM Guidelines that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. As the guidelines note a spinal fusion is only recommended for instability or after surgical decompression and there is no evidence of instability upon physical examination, medical necessity has not been established.

Associated Surgical Service: Inpatient hospital stay (days not specified): Upheld

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

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.

Associated Surgical Service: Assistant Surgeon: Upheld

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

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.

Associated Surgical Service: Pre-op clearance (labs, EKG, office visit): Upheld

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

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.