

Case Number:	CM14-0022414		
Date Assigned:	05/09/2014	Date of Injury:	04/06/2011
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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:

This Patient is 55-year-old female injured her back in April 2011. Lumbar MRI from September 2000 and thorough review of chronic compression deformity of T12. At L4-5 there is a 3 mm disc bulge. There is no stenosis. MRI reported a change in appearance from previous MRI in August of 2011. CT scan of the lumbar spine 2 of the wedge compression deformity of T12 with 50% loss of height. Is no evidence of osseus abnormalities or pars defect. There was no significant spinal stenosis. CT scan does show facet arthropathy at both L4-5 and L5-S1. Patient had a previous cervical fusion. Patient continues to have chronic low back pain. Patient has been treated with medications. Physical examination shows lumbar spine spasms positive straight leg raise bilaterally. His weakness of the EHL tibialis anterior. There is decreased sensation of L5 bilaterally. At issue is whether L4-5 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:

2 DAYS LENGTH OF 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 med necessary, none of the associated services are medically necessary.

ANTERIOR POSTERIOR FUSION AND DECOMPRESSION L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

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: Pages 305-322.

Decision rationale: This patient does not meet establish criteria for lumbar decompression and fusion surgery. Specifically, there is no evidence of instability medical records. The patient has had multiple MRIs in the CAT scan did not demonstrate instability. There is no evidence of pars defect on CT scan. There is also no evidence of tumor fracture or progressive neurologic deficit. Criteria for spinal fusion surgery are not met. The patient does not meet criteria for lumbar decompressive surgery. There is no correlation between MRI imaging studies and physical exam showing specific nerve root compression related to radiculopathy. Criteria for lumbar decompressive surgery have not been met.

ASSISTANT 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 med necessary, none of the associated services are medically necessary.