

Case Number:	CM14-0024545		
Date Assigned:	02/27/2014	Date of Injury:	08/24/2013
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/26/2014

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:

This is a 51-year-old female who her low back on 8/24/13. The clinical records provided for review include the report of an MRI dated 11/18/13 identifying an L5-S1 disc protrusion with 2 millimeters of anterolisthesis and right-sided neural foraminal narrowing. The report of a follow up examination dated 2/5/14 revealed ongoing complaints of low back pain with radiating groin pain and a burning sensation in the leg. Physical examination noted diminished lumbar range of motion but no documentation of motor, sensory, or reflexive changes to the lower extremities. The records state that the claimant has been treated with medication management, physical therapy, epidural injection, and work restrictions. The recommendation was made for an L5-S1 lumbar fusion with instrumentation and cage placement, including a three to five day inpatient length of stay, assistant surgeon, preoperative medical clearance, and six sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. L5 Gill Procedure/L5-S1 posterior spinal fusion with instruments/L5-S1 with cage assistant.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pg. 307 and on the Non-MTUS, Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th Edition, Assistant Surgeon, Assistant Surgeon Guidelines.

Decision rationale: Based on California ACOEM Guidelines and supported by Milliman Care Guidelines, a surgical process to include an L5 Gill procedure with posterior fusion at the L5-S1 level and an assistant surgeon would not be indicated. The records in this case indicate anterolisthesis at the L5-S1 level but do not confirm instability on flexion/extension films. Furthermore, there is no current documentation of neurologic findings on examination, particularly no motor, sensory, or reflexive change indicative of the L5-S1 level to support the need of surgery. The request is not medically necessary.

Pre-Op Medical clearance: Upheld

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

Post-OP stay 3-5 days: Upheld

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