

Case Number:	CM14-0031635		
Date Assigned:	06/20/2014	Date of Injury:	04/07/2001
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Spinal 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 is a 63-year-old male with a date of injury in 2001. He has chronic back pain. He had a previous lumbar fusion from L3-S1. An MRI shows moderate to severe canal stenosis at L2-3 with no evidence of instability. At issue is whether L2-3, L3 for fusion, at L2-3 laminectomy fusion are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION OF THE FUSION AT L2-3 WITH A LATERAL LUMBAR INTERBODY FUSION (XLIF): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically there is no evidence of lumbar instability, fracture or tumor. There no flexion-extension views demonstrated documented instability in the lumbar spine. Criteria for lumbar fusion are not met. XLIF fusion surgery is not medically necessary

EXTENSION OF THE FUSION AT L3-L4 WITH A LATERAL LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: Patient does not meet establish criteria for fusion L3-4. There is no evidence of fracture or instability or pseudoarthrosis at L3-4. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, instability, or tumor. Additional fusion surgery is not medically necessary.

LAMINECTOMY AT L2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Indications for Surgery, Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: The patient's physical examination does not document specific radiculopathy that is correlated with specific compression of I nerve root on imaging studies. There is no evidence that the patient has a progressive neurologic deficit. Criteria for lumbar decompressive surgery not met.

INPATIENT STAY FOR 3 DAYS: 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 serves are medically necessary.