

Case Number:	CM14-0031837		
Date Assigned:	06/20/2014	Date of Injury:	09/22/1998
Decision Date:	08/07/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 is a 61-year-old male with a date of injury September 22, 1998. The patient has chronic low back pain. He is 11 years status post L4-S1 decompression and fusion surgery. Physical examination reveals tenderness throughout the lumbar spine with spasm of the lumbar musculature and reduced range of motion. Lumbar magnetic resonance imaging (MRI) from November 2013 shows grossly intact previous fusion. He is 5 mm retrolisthesis of L3 on L4 with postsurgical changes at L4-S1. There is disc protrusions at L3-4 L4-5 L5-S1. There is nerve root compromise at L3-4 and bilaterally at L5-S1. The patient is diagnosed with degenerative disc disease at L3-4 and spondylolisthesis. The patient was also diagnosed with possible pseudarthrosis in the lumbar spine. The medical records do not document recent attempts at conservative measures to include physical therapy. At issue is whether lumbar fusion L3-4 and revision surgery with possible repair of pseudoarthrosis is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 posterior lumbar interbody fusion (PLIF) with inspection of fusion at the levels of L4-S1 and possible repair of psuedoarthrosis and possible reduction of listhesis intraoperatively: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

Decision rationale: This patient does not meet establish criteria for L3-4 fusion surgery. Specifically there is no documented instability at L3-4. The medical records do not contain flexion-extension views showing significantly abnormal motion at the L3-4 level. Also, the medical records do not document clear failure fusion or pseudarthrosis at the previously operated levels. Imaging studies do not document failure fusion. There is no clinical evidence of pseudoarthrosis and the medical records. In addition, the patient does not have any red flag indicators for lumbar fusion surgery such as fracture, tumor, or progressive neurologic deficit. There is no evidence of broken instrumentation. Criteria for lumbar fusion and fusion exploration surgery are not met in this case. The surgery is not medically necessary.

Ice unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic).

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.

1 bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic), Bone Growth Stimulators (BGS).

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.

Thoracolumbosacral orthosis (TLSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute and Chronic).

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: ODG Low Back Chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed. Also, guidelines do not support the use of back bracing for patients with degenerative low back pain without evidence of fracture or instability.

3-in-1 commode: 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

Prescription for unknown post-operative medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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.