

Case Number:	CM14-0034718		
Date Assigned:	06/23/2014	Date of Injury:	01/03/2012
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/20/2014

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 49 year old male with a date of injury of 1/3/2012. The patient reports that he has back and leg pain. Physical examination shows decreased sensation in LE from L3 down. Motor exam shows generalized weakness. DTRs hyporeflexic. MRI 2/2014 shows no L3-4 stenosis and no L4-5 stenosis. There is facet degeneration at L4-5. L5-S1 level is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Discectomy and Fusion, L3-4, L4-5; Laminectomy L3, L4, L5; Medial Facetectomy L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: Based on the medical records provide for review the imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. In addition, there is no documented radiographic evidence of instability. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive

neurologic deficit. Based on the MTUS/ACOEM guidelines fusion surgery performed in patients without evidence of instability and with multiple levels of lumbar disc degeneration on imaging studies is not more likely than conservative measures to relieve chronic back pain symptoms. The existing literature does not support the use of multilevel fusion surgery for discogenic back pain. Therefore, the request for Anterior Discectomy and Fusion, L3-4, L4-5; Laminectomy L3, L4, L5; Medial Facetectomy L3-4, L4-5 is not medically necessary and appropriate.

Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics.

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.

Pre-Operative Work-up: 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), Low Back Chapter.

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.