

Case Number:	CM14-0036845		
Date Assigned:	06/25/2014	Date of Injury:	01/14/2013
Decision Date:	08/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 64 male with a date of injury of 14 January 2013. The patient complains of chronic low back pain. An MRI the lumbar spine shows L4-5 disc bulge. The patient continues to complain of chronic low back pain radiating to the right lower extremity. The physical exam reveals weakness in plantar and dorsiflexion on the right. There are absent ankle jerk reflexes bilaterally and decreased sensation in the L5 and S1 dermatomes bilaterally. An MRI from September 2013 shows L4-5 disc care with 3 mm disc protrusion. The patient has failed conservative measures including physical therapy medications and activity modification. At issue is whether L4-5 fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 TLIF (Transforaminal Lumbar Interbody Fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 L4-5 fusion surgery. Specifically the medical records do not document any evidence of instability, fracture or tumor.

In addition, the patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Guidelines for spinal fusion surgery are not met. Therefore the request for spinal fusion surgery at L4-5 is not medically necessary.

Routine Preoperative medical workup: 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.

Postoperative Aquatic Therapy QTY: 18: 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.

Lumbar Sacral Orthosis Back Brace (LSO): 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.