

Case Number:	CM14-0038516		
Date Assigned:	06/27/2014	Date of Injury:	04/19/2008
Decision Date:	07/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Spine 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 female with date of injury of April 19, 2008. The patient has chronic low back pain. The patient underwent L5-S1 left microdiscectomy in 2013. The patient has had physical therapy including 15 visits. She felt significant improvement with physical therapy. She was discharged home to continue a home exercise program. Lumbar MRI from November 2013 shows epidural fibrosis at L5-S1 and a broad posterior disc protrusion at L4-5. Patient feels that her pain has been getting worse. Physical examination shows decreased range of motion lumbar spine. Normal motor strength in the bilateral lower extremities. Left lateral leg numbness and normal deep tendon reflexes. Straight leg raising is normal. CT scan and x-rays lumbar spine from March 2014 show possible right S1 nerve root compression with previous laminectomy defect. There is a central disc protrusion at L4-5. There is moderate stenosis of the spinal cord at L4-5. Imaging studies do not show any evidence of instability. At issue is whether revision decompression and 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:

Left re-do of L4-5 and L5-S1 discectomy with posterior oblique lumbar arthrodesis and posterolateral fusion and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical Considerations, pages 305-322.

Decision rationale: This patient does not meet establish criteria for revision lumbar decompression and fusion surgery. Specifically, there is no correlation between physical examination showing specific radiculopathy and imaging studies showing specific compression of related nerve root. In addition is no documented evidence of instability, fracture, or tumor. The patient has no red flag indicators for spinal surgery such as progressive neurologic deficit. Criteria for lumbar fusion or lumbar decompression are not met.

Bone stimulator: 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.

TLSO brace: 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.