

Case Number:	CM14-0039847		
Date Assigned:	06/27/2014	Date of Injury:	03/21/2011
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 53-year-old male with chronic back pain. The patient has a date of injury of March 21, 2011. The patient has had physical therapy and medications and walks with the cane. He also uses a back brace. EMG from May 2011 shows chronic left L5-S1 radiculopathy. Physical exam shows limited range of back motion positive straight leg raise. 4-5 tibialis anterior strength bilaterally with decreased sensation L5 bilaterally. Lumbar MRI notes L5-S1 degenerative disc condition with facet arthropathy. There is degenerative disc condition at L4-5. At issue is whether lumbar fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR L4-L5 AND L5-S1 LUMBAR INTERBODY FUSION WITH INSTRUMENTATION AND POSTERIOR L4-L5 AND L5-S1 LUMBAR ALMINECTOMY/LAMINOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines lumbar spine and ACC/AHA 2007 GUIDELINES AND AAOS AND AJSM.

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

Decision rationale: This patient does not meet established criteria for lumbar decompression and fusion surgery at this time. Specifically, 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. The medical records do not include flexion-extension radiographs that show more than 5 of abnormal subluxation of vertebra. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. 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. Surgery for lumbar decompression and fusion is not medically necessary in this patient.

ASSISTANT FOR SURGERY: 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.

MEDICAL CLEARANCE FOR SURGERY: 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.

INPATIENT STAY FOR THREE TO FOUR 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 services are medically necessary.

POST OPERATIVE LUMBAR 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.

POST OPERATIVE HOT/COLD THERAPY UNIT WITH WRAP: 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.

POST-OPERATIVE BONE STIMULATOR UNIT: 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.