

Case Number:	CM14-0075736		
Date Assigned:	07/16/2014	Date of Injury:	09/04/2009
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 Neurological Surgery and is licensed to practice in California. 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 records presented for review indicate that this 57-year-old male was reportedly injured on September 4, 2009. The mechanism of injury was noted as striking the right hip on a toolbox. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain radiating down both lower extremities. The physical examination demonstrated tenderness of the lower lumbar spine and sacral notches. There were a positive straight leg raise test and decreased sensation on the right L4 and L5 dermatomes. There was decreased muscle strength of 4/5 at the right extensor hallucis longus. Diagnostic imaging studies reported disc degeneration at L1-L2, stenosis and facet changes at L3-L4, degenerative spondylolisthesis at L4-L5, and lytic spondylosis and spondylolisthesis with severe foraminal stenosis at L5-S1. Lumbar spine surgery was recommended. Previous treatment included physical therapy, chiropractic care, and work restrictions. A request had been made for an anterior lumbar discectomy and fusion, a laminectomy and posterior transverse lumbar interbody fusion, a TLSO brace, and preoperative medical clearance and was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Discectomy & Fusion of L2-3 (Lumbar 2-3), L3-4 (Lumbar 3-4), L4-5 (Lumbar 4-5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fisher 2004, Low Back Chapter and the AMA (American Medical Association) Guides, 5th Edition, pgs 382-383, AMA Guides to the Evaluation of Permanent Impairment, 5th Edition- criteria for Instability, pg 379.

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

Decision rationale: It is unclear from the medical records provided why there is a request for a three level discectomy and fusion. The MRI of the lumbar spine did not show any findings of instability or potential nerve root impingement that would justify a discectomy or fusion at the L2-L3 level. Furthermore, there were no physical examination findings at this level. For these reasons, this request for an anterior lumbar discectomy and fusion at L2-L3, L3-L4, and L4-L5 is not medically necessary.

Laminectomy & Posterior for TLIF (Transforaminal Lumbar Interbody Fusion) of L5-S1 (Lumbar 5-Sacral 1) with Pedicle Screws from L2-S1 (Lumbar 2-Sacral 1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fisher 2004, Low Back Chapter and the AMA (American Medical Association) Guides, 5th Edition, pgs 382-383, AMA Guides to the Evaluation of Permanent Impairment, 5th Edition- criteria for Instability, pg 379.

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

Decision rationale: As with the accompanying request, it is unclear from the medical records provided why there is a request for any instrumentation at the L2-L3 level. The MRI of the lumbar spine did not show any findings of instability or potential nerve root impingement that would justify a discectomy or fusion at the L2-L3 level. Furthermore, there were no physical examination findings at this level. For these reasons, this request for laminectomy and posterior TLIF of L5-S1 with pedicle screws from L2 through S1 is not medically necessary.

TLSO (Thoracic-Lumbar-Sacral Orthosis) 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.

Pre-Operative Medical Clearance Including Labs, EKG, Chest X-Ray: 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.