

Case Number:	CM14-0090180		
Date Assigned:	07/23/2014	Date of Injury:	01/29/2007
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 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:

This claimant is a 39-year-old female who sustained an injury to the low back in a work related accident on January 27, 2007. The report of a lumbar MRI dated December 2, 2013, showed a 3 to 4 millimeter right paracentral disc herniation at the L4-5 level without compressive nerve root impingement. There was also a report of a lumbar discogram dated April 4, 2014 identifying concordant pain at the L3-4, L4-5 and L5-S1 level. There was a negative disc at L2-3. The report of an follow up visit on May 21, 2014 noted continued low back and radiating left leg complaints with numbness. Physical exam showed 5/5 motor strength and restricted sensory changes over the left anterior thigh, left lateral thigh and calf on the left. There were equal and symmetrical reflexes. There was restricted lumbosacral range of motion and tenderness to palpation. Records indicate failed conservative care. Surgical intervention was recommended in the form of an L3 through S1 decompression, laminectomy and fusion. There was no further imaging reports for review or documentation of recent conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion (ALIF), Decompressive Laminectomy with PLIF (Posterior Lumbar Interbody Fusion) with Instrumentation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California ACOEM Guidelines, the request for a three level lumbar fusion from L3 through S1 would not be indicated. There is no documentation of acute radiculopathy at the requested levels for surgery. There is no documentation of compressive findings on imaging studies or documentation of segmental instability on x-ray to support the role of fusion. ACOEM Guidelines recommend clinical correlation between the surgical requested levels, the claimant's physical examination and imaging before surgery can be recommended as medically necessary. Given there is no documentation to support the role of fusion the request is not medically necessary.

Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.bcbsnc.com](http://www.bcbsnc.com;);

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.

Assistant Surgeon: 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.

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.

In-Patient Hospital Stay: 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.

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.

Intra-Operative Spinal Cord Monitoring: 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.

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 CT Scan Lumbar Spine with Mazor Protocol: 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.

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.

LSO Brace: 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.

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.

Bone Growth Stimulator: 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.

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.