MAXIMUS Federal Services

Case Number:	CM14-0094651		
Date Assigned:	07/25/2014	Date of Injury:	09/24/2013
Decision Date:	11/21/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 60-year-old who has chronic back pain. By treatment included L4-5 laminectomy surgery for herniated disc. Patient's had epidural steroid injection.MRI of the lumbar spine from January 2014 shows L2-3-4 millimeters disc bulge. There is mild foraminal narrowing. There are multiple levels of lumbar disc degeneration. At L4-5 there is evidence of prior laminotomy with mild scoliosis.X-ray show L4-5 degenerative disc with narrowing of the disc. Flexion-extension views do not show instability.Electrophysiologic testing shows moderate right L4 and L5 sensory radiculopathy.The patient had 3 lumbar injections. Patient's had medications.At issue is whether lumbar fusion surgery and decompression is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression and fusion L4-L5: 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.

Decision rationale: The patient does not meet establish criteria for lumbar decompression and fusion. Specifically there is no documented evidence of instability the lumbar spine. Flexion-

extension views do not show abnormal motion. In addition is no documentation of significant neurologic deficit that clearly correlate with imaging study showing specific compression of nerve roots. There is no severe stenosis on MRI imaging study. There were no red flag indicators for spinal fusion and decompressive surgery such as fracture, tumor, progressive neurologic deficit. Decompression and fusion surgery is not medically necessary.

3-4 day Inpatient Hospital Stay: 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.

Assistant Surgeon: 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.