

Case Number:	CM14-0188802		
Date Assigned:	11/19/2014	Date of Injury:	06/30/2012
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 injured worker is a 64-year-old female. She has chronic low back pain. She's had chiropractic treatment about 7 years ago. Physical examination shows full range of motion of the lumbar spine. She has reduced motion bilaterally. Magnetic resonance imaging (MRI) the lumbar spine from September 2014 shows L4-5 degenerative spondylolisthesis with facet hypertrophy and mildly narrow left neural foramen. The injured worker continues to have back pain. At issue is whether lumbar fusion surgery and decompression surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally Invasive Surgery (MIS) Transforaminal Lumbar Interbody Fusion (TLIF) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Fusion (Spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

Decision rationale: The injured worker does not meet criteria for minimally invasive TLIF surgery at L4-5. Specifically the medical records do not document abnormal instability. There is no documentation of flexion extension views showing greater than 5 mm of motion at L4-5. There is no documentation of red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. This injured worker does not meet criteria for spinal fusion surgery. Additionally, there is no medical necessity for spinal decompressive surgery as there is no clearly significant neurologic deficit noted on physical examination. The request for Minimally Invasive Surgery (MIS) Transforaminal Lumbar Interbody Fusion (TLIF) at L4-L5 is not medically necessary.

Associated surgical service: Co-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.

Associated surgical service: 3-5 inpatient 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.

Associated surgical service: Preoperative Clearance EKG: 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.

Associated surgical service: Preoperative clearance- Chest X-rays: 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.

Associated surgical service: Preoperative Clearance Laboratory Testing: 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.