

Case Number:	CM14-0189134		
Date Assigned:	11/20/2014	Date of Injury:	08/09/2014
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
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 Surgeon, has a subspecialty in Spine Surgeon 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:

According to the records made available for review, this is a 54-year-old male with an 8/9/14 date of injury. At the time (10/30/14) of request for authorization for anterior lumbar interbody fusion of L5-S1, laminectomy of L5-S1 including decompression foraminotomy; 1 vascular surgeon; 1 assistant surgeon; preoperative medical clearance; pre-operative medical clearance; 1 bone stimulator; and 1 Cybertech race, there is documentation of subjective (low back pain radiating to bilateral legs with numbness and tingling over bilateral feet) and objective (tenderness over paralumbar as well as thoracolumbar muscles with restricted range of motion, positive straight leg raise, and decreased sensory exam over L5 dermatome) findings, imaging findings (reported MRI lumbar spine (12/6/13) revealed 2mm broad based disc protrusion to the left exerting mass on the right S1 nerve roots within axillary sleeves and minimal mass effect on the left S1 nerve root, and mild to moderate bilateral neural foraminal stenosis; report not available for review), current diagnoses (lumbar spine sprain/strain with radicular complaints and lumbar discopathy), and treatment to date (epidural injection, activity limitation, physiotherapy for 4 months, and medications). Regarding anterior lumbar interbody fusion of L5-S1, laminectomy of L5-S1 including decompression foraminotomy, there is no documentation of abnormalities on an imaging report; and an Indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion of L5-S1, laminectomy of L5-S1 including decompression foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with radicular complaints and lumbar discopathy. In addition, given documentation of subjective (pain, numbness, and tingling) and objective (sensory changes) findings in the requested nerve root distribution, there is documentation of severe and disabling lower leg symptoms with accompanying objective signs of neural compromise. In addition, given documentation of failure of conservative treatment (medications, activity limitations, and physical therapy for 4 months), there is documentation of activity limitations due to radiating leg pain for more than one month. However, despite documentation of medical reports' reported imaging finding (MRI of lumbar spine identifying 2mm broad based disc protrusion to the left exerting mass on the right S1 nerve roots within axillary sleeves and minimal mass effect on the left S1 nerve root, and mild to moderate bilateral neural foraminal stenosis), there is no documentation of abnormalities on an imaging report. In addition, there is no documentation of an Indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for anterior lumbar interbody fusion of L5-S1, laminectomy of L5-S1 including decompression foraminotomy is not medically necessary.

Associated surgical service: 1 Vascular 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: 1 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.

Associated surgical service: Pre-operative medical clearance: 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:1 bone stimulator: 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:1 Cybertech race: 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..