

Case Number:	CM14-0190997		
Date Assigned:	11/24/2014	Date of Injury:	02/15/2013
Decision Date:	01/29/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/17/2014

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 has a date of injury of February 15, 2013. The patient has chronic back pain. Physical examination shows normal neurologic function without any deficits. Motor sensory and reflex function was normal in the bilateral extremities. The patient has had conservative measures to include physical therapy, medications and activity modification and acupuncture. The patient continues to have back pain. The medical records mentioned spondylolisthesis with motion on flexion-extension views. However, radiology report with the radiologist's opinion is not present. At issue is whether lumbar fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Laminectomy, Posterior Spinal Fusion Transforaminal Interbody Fusion:
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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: Guidelines for lumbar fusion surgery not met. Specifically, the medical records do not contain the radiology report demonstrating the radiologist's independent interpretation of the flexion extension lumbar films showing abnormal motion greater than 5 mm at L4-5. The medical records do not contain the surgeon's opinion, but not the official radiology report. Guidelines indicate that abnormal motion must be documented by radiology report. The medical records do not include an interpretation from the radiologist of the lumbar flexion-extension views. In addition, there are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. The physical examination does not demonstrate any neurologic deficit. Criteria for lumbar fusion not met. The request is not medically necessary.

Associated Services: Surgical Assistant: 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 Services: Medical Clearance Exams; Labs, 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 Services: Back 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.