

Case Number:	CM14-0203152		
Date Assigned:	12/15/2014	Date of Injury:	11/20/1996
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/04/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 49-year-old female with an 11/20/96 date of injury and status post anterior spinal fusion from L4-S1 on 1/21/14. At the time (11/3/14) of request for authorization for 1 posterior spinal instrumentation fusion L4-S1 surgery in [REDACTED], Clearance to be done at [REDACTED], EKG, and Labs MRSA, there is documentation of subjective (chronic low back pain rated as a 6 out of 10) and objective (moderate difficult transferring from the chair to standing and from standing to the exam table, 5/5 muscle strength of the lower extremities, moderate tenderness to palpation over the lumbar spine, and unchanged motion of the lumbar spine) findings, imaging findings (MRI of the lumbar spine (10/18/13) report revealed 1-2 mm retrolisthesis of L4 on L5, evidence of prior posterior decompression at L4-L5, 3-4 mm disc bulge causing severe left and moderate right neural foraminal narrowing, narrowing of the left lateral recess of the central canal with likely impingement of the left transiting nerve root at L4-5; 1-2 mm retrolisthesis of L5 on S1 and a 3 mm posterior disc protrusion causing mild to moderate bilateral neural foraminal narrowing at L5-S1), current diagnoses (persistent back pain status post anterior fusion L4-S1), and treatment to date (physical therapy, medications, and activity modification). There is no documentation of an indication for fusion (instability (lumbar inter-segmental movement of more than 4.5 mm)).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 posterior spinal instrumentation fusion L4-S1 surgery in [REDACTED]

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 & 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: MTUS reference to ACOEM identifies documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of lumbar fusion. ODG identifies spinal instability as lumbar inter-segmental movement of more than 4.5 mm. Within the medical information available for review, there is documentation of a diagnosis of persistent back pain status post anterior fusion L4-S1. However, given documentation of imaging findings (MRI of the lumbar spine identifying 1-2 mm retrolisthesis of L4 on L5 at L4-5 and 1-2 mm retrolisthesis of L5 on S1 at L5-S1), there is no documentation of an indication for fusion (instability (lumbar inter-segmental movement of more than 4.5 mm)). Therefore, based on guidelines and a review of the evidence, the request for 1 posterior spinal instrumentation fusion L4-S1 surgery in the Redlands Community Hospital is not medically necessary.

Clearance to be done at [REDACTED]: 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.

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.

Labs MRSA: 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.