

Case Number:	CM14-0206257		
Date Assigned:	12/18/2014	Date of Injury:	04/17/2012
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/09/2014

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 53-year-old female with date of injury of April 17, 2012. She has chronic low back pain. MRI lumbar spine from June 2014 shows grade 1 L4-5 spondylolisthesis with spinal stenosis. Physical examination shows reduced range of lumbar motion. She has tenderness to palpation of the lumbar facets. Straight leg raising is positive on the right. The patient has an antalgic gait. The patient has had epidural steroid injection with 2 weeks of relief. She continues to have chronic low back pain. At issue is whether lumbar fusion with laminectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy L4-L5, Posterior Spinal Fusion Lumbar 4-5 with Pedicle Screw Fixation, Transforaminal Lumbar Interbody Fusion Lumbar 4-5 with Interbody Cage and Bone Graft Extenders, Bone Marrow Aspiration from Iliac Crest: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter pages 305 through 322.

Decision rationale: Criteria for lumbar decompression and fusion surgery are not met. Specifically, the medical records do not document a recent trial and failure of conservative measures to include physical therapy. There were no red flag indicators for spinal fusion surgery such as fracture, tumor or progressive neurologic deficit. More conservative measures are medically necessary for the treatment of chronic low back pain. Also, the medical records do not document radiologist interpretation of flexion extension views showing greater than 5 mm of motion in the lumbar spine segment. As such, the request is considered not medically necessary.

Associated surgical services: Pre-op Cardiac Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical services: Pre-op lab Work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical services: Post-Op DME: Back Brace and Front Wheeled Walker:
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 surgery is not medically necessary, then all other associated items are not needed.