

Case Number:	CM14-0206927		
Date Assigned:	12/18/2014	Date of Injury:	06/21/2012
Decision Date:	02/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 chronic low back pain. On physical examination the patient has an antalgic gait. There is tenderness to the lumbar spine palpation. There is decreased sensation in the left S1 dermatome to light touch. The patient had a previous L5-S1 laminectomy in 2012. The patient was diagnosed with persistent left S1 nerve root radiculopathy and L4-5 degenerative disc condition. The patient takes medication for pain. The patient continues to have chronic low back pain despite conservative measures. At issue is whether L5-S1 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:

Anterior Lumbar Decompression and Interbody Arthrodesis L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: This patient does not meet the MTUS guideline criteria for L5-S1 fusion surgery. Specifically, there is no documentation of instability in the lumbar spine. There is no

documentation of flexion extension views showing greater than 5 mm of abnormal motion at any lumbar segment. There were no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. MTUS guideline criteria for lumbar fusion are not met. The request for lumbar spinal fusion surgery is not medically necessary.

Associated Surgical Service: Hospital - 3 day length of 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: 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: LSO 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.