

Case Number:	CM14-0212097		
Date Assigned:	01/02/2015	Date of Injury:	04/30/2007
Decision Date:	02/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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 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 is a female with chronic low back pain. She's had epidural steroid injections. In 2008 she had L4-5 fusion. She continues to have back pain radiating to her legs. She takes narcotics for pain. On physical examination she is 5 feet 5 inches and 235 pounds. She has reduced range of lumbar motion. Femoral nerve stretch test is positive on the right. X-ray show narrowing of the L3-4 disc space. MRI from March 2014 shows severe L3-4 stenosis. The patient is diagnosed with L3 for degenerative spondylosis and radiculitis after lumbar fusion surgery. At issue is whether revision lumbar fusion surgery is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral L3-L4 interbody fusion with a PEEK cage filled with bone morphogenic protein or right iliac crest bone graft, L3 laminectomy, L3-L4 posterior segmental fixation:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-322.

Decision rationale: Criteria for revision lumbar surgery have not been met. Specifically, there is no clear correlation between physical examination showing specific radiculopathy and imaging study showing specific compression of nerve roots. There is no documented instability. There is no documented failure fusion failure of hardware. The medical records do not document a recent trauma failed conservative measures to include physical therapy. There are no red flag indicators for spinal surgery such as fracture tumor or progressive deficit. The request for lumbar spinal surgery is not medically necessary.

Associated surgical services: Inpatient stay: 3 days: 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.

Associated surgical services: Walker with front wheels: 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.

Associated surgical services: Raised toilet seat: 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.

Associated surgical services: Reacher/Grabber: 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.