

Case Number:	CM13-0031049		
Date Assigned:	12/04/2013	Date of Injury:	04/18/2011
Decision Date:	03/26/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 least at 24 hours a week in active practice. The physician 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 32-year-old female who reported an injury on 10/18/2012 due to a fall that caused the patient to hit her head and reportedly injure her low back. Prior treatments have included physical therapy, medications, a TENS unit, and a functional restoration program. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation along the cervical spinal and lumbar spinal musculature, restricted cervical and lumbar spine motion due to pain. The patient's diagnoses included sprain/strain of the lumbar region, post concussion syndrome, sprain/strain of the neck region, and sprain/strain of the thoracic region. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar L4-L5 and L5-S1 interbody fusion with PEEK cage filled with right iliac crest bone graft, posterior right L4-L5 and Left L5-S1 foraminotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 Chapter, Fusion (spinal).

Decision rationale: The requested anterior lumbar L4-L5 and L5-S1 interbody fusion with PEEK cage filled with right iliac crest bone graft, posterior right L4-L5 and Left L5-S1 foraminotomy is not medically necessary or appropriate. American College of Occupational and Environmental Medicine do not recommend spinal fusion in the absence of spinal related trauma or spinal instability as a result of surgical decompression. The clinical documentation submitted for review does not provide any evidence that the patient has had any spinal trauma or there is any evidence of spinal instability. Additionally, American College of Occupational and Environmental Medicine recommend surgical intervention for patients who have clear clinical findings that are supported by an imaging study. Although it is noted within the documentation that the patient has had an imaging study of the lumbar spine it was not submitted for review. The need for surgical intervention cannot be determined at this time. Additionally, Official Disability Guidelines recommend a psychological assessment prior to fusion surgery. Clinical documentation submitted for review did not provide a psychological assessment for this patient. Additionally, there is no documentation that the patient has exhausted all lower levels of surgical intervention and requires the need for spinal fusion. As such, the requested anterior lumbar L4-L5 and L5-S1 interbody fusion with PEEK cage filled with right iliac crest bone graft, posterior right L4-L5 and Left L5-S1 foraminotomy is not medically necessary or appropriate.

4 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.

Co-vascular 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.