

Case Number:	CM14-0103985		
Date Assigned:	09/24/2014	Date of Injury:	10/03/1997
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 61-year-old now with a date of injury October 3; 1997. The patient has chronic low back pain. He's had previous lumbar laminectomy surgery. The patient's had physical therapy chiropractic care and bracing and lumbar epidural steroid injection. Neurophysiologic testing shows evidence of right S1 nerve irritation. Lumbar MRI shows degenerative disc condition with canal stenosis at L3-4. Physical examination shows left-sided antalgic gait with decreased range of motion by motion. There are normal neurologic motor examination normal reflexes. Sensation is diminished in the thighs. X-ray shows spondylolisthesis L1 and L2 with degenerative disc condition. At issue is whether lumbar 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:

1 Pre-operative Clearance: Upheld

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

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 chronic pain treatment guidelines

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

1 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 surgery is not medically necessary, then all other associated services are not medically necessary.

5 days of In-Patient Hospital 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 surgery is not medically necessary, then all other associated services are not medically necessary.

1 Transforaminal Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Low Back - Lumbar & Thoracic ; Fusion (spinal); Patient Selection Criteria for Lumbar Fusion

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, Official Disability Guidelines (ODG); low back pain chapter

Decision rationale: This patient does not meet established criteria for lumbar fusion. Specifically there is no documentation of instability on flexion-extension views greater than 5 mm. There is no documentation any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Right ear for lumbar fusion not met; therefore this request is not medically necessary.