

Case Number:	CM14-0121271		
Date Assigned:	09/16/2014	Date of Injury:	10/17/2002
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/31/2014

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 Spinal 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 65-year-old female with a date of injury of October 17, 2002. The patient had lumbar L4-S1 fusion surgery in 2009. The patient continues to have chronic low back pain with right-sided radiculitis. Physical examination reveals decreased range of lumbar motion, positive straight leg raise testing on the right. Patient has a slow gait amended with a cane. Lumbar MRI from April 2014 shows L3-4 severe spinal canal stenosis. The medical records indicate that the patient has adjacent segment degenerative disc condition at L3-4 above the fusion. At issue is whether L3-4 lumbar fusion surgery with removal of previous instrumentation exploration of fusion from L4-S1 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 Transforaminal Lumbar Interbody Fusion (TLIF), L4-S1 Remove and explore, L3-S1 Posterior Spinal Fusion (PSF) / PSI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, Criteria for Instability (page 379)

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 at the patient's 307 through 322, ODG low back chapter

Decision rationale: This patient does not meet established criteria for revision lumbar fusion surgery and L3 for lumbar fusion surgery. Specifically the medical records do not document instability at L3-4. Is no evidence of flexion extension views showing abnormal motion at L3-4. Also the medical records do not document failure fusion of the previous L4-S1 fusion. There is no clear diagnosis of pseudoarthrosis or hardware loosening. There is no documentation of significant neurologic deficit that correlates with imaging studies. The patient has no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Criteria for L3-4 fusion surgery at L4-S1 fusion exploration removal of hardware not met.

Surgical Assistant: 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.

Three (3) Day Inpatient Stay: Upheld

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. 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.

External Bone Growth Stimulator: 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), Neck and Upper Back Chapter/ Low Back Chapter (http://www.odg-twc.com/odgtwc/Knee_files/bcbs_bone_stim.htm)

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.

Physical Therapy three (3) times a week times six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. 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.

One (1) box Island Bandage: 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.