

Case Number:	CM14-0135402		
Date Assigned:	08/29/2014	Date of Injury:	02/11/2014
Decision Date:	12/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/22/2014

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 has a date of injury of February 11, 2014. The patient continues to have chronic low back pain. MRI from March 2014 shows disc degeneration at L5-S1. There is foraminal stenosis at L5-S1. On physical examination the patient is tenderness to the lumbar spine. Range of motion is limited secondary to pain. There is weakness and numbness in the left L5-S1. X-ray shows L5-S1 disc collapse. Patient has had physical therapy and medications. At issue is whether lumbar surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior lumbar interbody fusion (PLIF) with possible reduction of listhesis:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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 chapter pages 305-322

Decision rationale: This patient does not meet establish criteria for L4-S1 fusion. Specifically the medical records do not document any evidence of lumbar instability fracture or tumor. Criteria for lumbar fusion are not met. There are no red flag indicators for spinal fusion surgery such as tumor, fracture or instability. The medical records documenting the patient is lumbar disc degeneration. Multilevel fusion for lumbar disc degeneration is not more likely than conservative measures to relieve chronic low back pain therefore request is not medically necessary.

Ice unit-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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.

3-1 commode-purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare & Medicaid Services (CMS)

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.