

Case Number:	CM14-0157405		
Date Assigned:	09/30/2014	Date of Injury:	01/21/2013
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 California. 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 57-year-old female with chronic back pain. She's taking medications without relief. Physical examination reveals reduced range of motion lumbar spine. Straight leg raising is positive on the right. He is decreased sensation L3-4 and 5 dermatomes. MRI lumbar spine shows evidence of facet arthropathy with spondylolisthesis of L4-5. X-ray show degenerative disc condition at L3-4 and L4-5. The patient has a date of injury of January 21, 2013. The patient has not gotten better with physical therapy. At issue is whether lumbar fusion surgery an MRI of medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back pain chapter

Decision rationale: There is no documentation of a significant change in the patient's symptoms. There is no documentation a progressive neurologic deficit. There is no indication of red flag

indicators for an additional MRI, such as concern for fracture or tumor. As such, the request is not medically necessary.

3 days of inpatient hospital 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 (ODG), Hospital Length of Stay (LOS) Guidelines

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 necessary.

Extreme lateral L2-L3, L3-L4 interbody fusion with PEEK cage filled with bone morphogenic protein with posterior L3-L4, L4-L5 laminectomy and segmental fixation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Neck Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back pain chapter

Decision rationale: This patient does not meet the established criteria for multilevel decompression and fusion surgery. Specifically there is no documentation of multilevel lumbar instability or progressive neurologic deficit. There is no documentation of any red flag indicators for spinal fusion surgery such as fracture, tumor, and progressive neurologic deficit. Additionally, there is no correlation between the patient's MRI imaging study showing specific compression of nerve roots and physical examination shows specific radiculopathy. As such, the request is not medically necessary.