

Case Number:	CM14-0157576		
Date Assigned:	09/30/2014	Date of Injury:	12/22/1999
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
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 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 date of injury of December 22, 1999. In March 2004 the patient underwent anterior lumbar interbody fusion L4-5. In October 2008 the patient underwent posterior decompression and foraminotomy at L4-5. The patient continues to have back pain. On physical examination lumbar range of motion was diminished. Left foot EHL was weak. MRI from July 2014 shows anterior lumbar interbody fusion at L4-5 and L5-S1. There is a disc bulge with facet arthropathy of the left L5. Physical exam documents normal motor strength in the bilateral lower extremities. There is paresthesia of the left L5 and right S1. X-rays from January 2012 show bilateral pars defects at L5 and complete loss of L5-S1 disc space. At issue is whether lumbar decompression fusion surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar stabilization and decompression at L5-S1: 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, Microdiscectomy/ Laminectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back Chapter pages 307 through 322, ODG low back Chapter

Decision rationale: This patient does not meet established criteria for lumbar decompression and fusion surgery. Specifically there is no clear documentation of failure previous fusion. There is also no documentation of progressive neurologic deficit. There is no documentation of physical exam findings showing specific radiculopathy that correlates with imaging studies showing specific compression of the nerve root. There is no instability documented on flexion-extension views. The patient has no red flag indicators for spinal fusion surgery such as fracture, tumor, progressive neurologic deficit. Revision lumbar fusion surgery not medically necessary. Lumbar decompressive surgery not medically necessary.

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 items are not needed.

Three to four (3-4) day inpatient 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 items are not needed

Vertalign brace: 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

Home health care following surgery: 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

Transportation to and from surgical facility: 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.