

Case Number:	CM13-0005169		
Date Assigned:	11/08/2013	Date of Injury:	04/10/1998
Decision Date:	08/28/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	07/30/2013

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 Texas. 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 injured worker is a 70-year-old male who reported an injury on 04/10/1998. The mechanism of injury was not specifically stated. The current diagnosis is lumbar spondylosis. The injured worker was evaluated on 07/15/2013. Physical examination was not provided on that date. Treatment options were discussed on that date. Treatment recommendations included a thoracolumbar sacral decompression and stabilization with autologous bone grafting and interbody fusion. It is noted that the injured worker underwent thoracic spine x-rays on 06/21/2013 which indicated mild multilevel spondylosis and degenerative disc changes in the thoracic spine with mild scoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

T10-S1 DECOMPRESSION, FUSION, AND INSTRUMENTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms,

activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon CT scan or x-ray, spinal pathology that is limited to 2 levels, and completion of a psychosocial screening. As per the documentation submitted, there was no physical examination provided on the requesting date. There is no mention of an attempt at any conservative treatment prior to the request for a surgical procedure. There is no evidence of documented instability upon x-ray or CT myelogram. There is also no documentation of the completion of a psychosocial screening prior to the request for a spinal fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

LUMBAR LDC BRACE:

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

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.

THREE (3) NIGHTS OF 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.