

Case Number:	CM13-0014089		
Date Assigned:	09/26/2013	Date of Injury:	12/30/2010
Decision Date:	01/27/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 physician 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 claimant is a 66-year-old female who was injured in a work related accident on December 30, 2010. The clinical records reviewed in this case indicate a low back injury with an assessment with [REDACTED] of September 5, 2013 showing subjective complaints of ongoing low back and bilateral lower extremity complaints. It states that she has utilized conservative care including pain management with no significant relief. Physical examination showed 4+/5 strength with bilateral inversion, and plantar flexion and aversion to the right and left lower extremities with positive reproducible straight leg raising for pain at 40 degrees. Reviewed was a post discogram CT scan of June 21, 2013 that showed concordant pain at the L2-3 level and mild concordant pain at L3-4 and L4-5. There was also noted to be concordant mild pain at L5-S1. The L2-3 level was noted to be non-concordant in the control level. Post discogram CT showed grade I anterolisthesis of L3-4, L4-5 and retrolisthesis at L5-S1 with diffuse disc bulging. Based on failed conservative care and the claimant's clinical presentation, a three level lumbar fusion at L3-4 through L5-S1 with an assistant surgeon and an inpatient stay was recommended. There is also a request for a TSO brace for postoperative use as well as twelve sessions of physical therapy and a medically supervised weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery- Anterior Lumbar Interbody Fusion L3-4, L4-5, and L5-S1 with Posterior Spinal Fusion L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), the National Guideline Clearing House, and the AMA Guides.

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

Decision rationale: Based on the ACOEM Guidelines, the role of a three level procedure would not be indicated. The medical records provided for review in this case do not indicate an unstable process at the L3-4, L4-5 and L5-S1 levels to necessitate the role of a three level lumbar fusion. ACOEM Guidelines only indicate the role of lumbar fusion in the setting of trauma related spinal fracture or dislocation. Given the absence of the above, and taking into account the claimant's recent CT imaging post discography, the request remains non-certified. The request for Spine Surgery- Anterior Lumbar Interbody Fusion L3-4, L4-5, and L5-S1 with Posterior Spinal Fusion L3-S1 is not medically necessary and appropriate.

Co-Surgeon Assistance: 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.

DME Purchase TSLO Brace to be worn during post-op period for 3 months: 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.

Chiro Manipulation: Post-op Chiro-Physiotherapy 2x6 to be started at 4 months post-op:
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.

Medically supervised Weight Loss Program: 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.

Inpatient Stay:

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