

Case Number:	CM13-0015462		
Date Assigned:	03/12/2014	Date of Injury:	09/13/2011
Decision Date:	05/20/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/22/2013

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 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 claimant, a 36-year-old female, sustained an injury to the low back in a September 13, 2011, work-related accident. Records available for review include documentation of a previous L5-S1 microdiscectomy. The claimant continues to report complaints of pain. A post-operative MRI report dated June 11, 2013, showed evidence of post-discectomy changes at L5-S1 with degenerative disc disease, as well as facet hypertrophy with mild to moderate right neuroforaminal narrowing. There was no indication of acute neurocompressive pathology. A June 27, 2013, handwritten progress report documents continued severe low back pain and physical examination findings of tenderness to palpation of the lumbar spine with restricted range of motion. The records contain no documentation of positive neurologic findings. This request is for: anterior lumbar interbody fusion at the L5-S1 level; a three-day inpatient stay and the assistance of a co-surgeon; an Aspen LSO brace; use of a cold therapy unit; and 16 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR LUMBAR INTERBODY FUSION SURGERY: 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 Page(s): 307.

Decision rationale: California ACOEM Guidelines do not support the need for an L5-S1 fusion in this case. While the claimant is documented as having had a prior discectomy, the reviewed records contain no indication of segmental instability or neurologic findings necessitating further surgery at the L5-S1 level. Absent instability or neurologic findings, this request would not be supported as medically necessary.

"Associated surgical service" - 3 DAYS IN PATIENT SURGERY WITH CO-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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service" -PRE-OP MEDICAL CLEARANCE WITH PCP: 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.

"Associated surgical service" -ASPEN LSO 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service" COLD THERAPY UNIT: 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.

"Associated surgical service" POST-OP PHYSICAL THERAPY, 2 TIMES A WEEK FOR 8 WEEKS: 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.