MAXIMUS Federal Services

Case Number:	CM13-0016781		
Date Assigned:	11/06/2013	Date of Injury:	11/14/2011
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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.

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 35-year-old gentleman who was injured on November 14, 2011 sustaining injury to the low back. Recent clinical progress reports in regards to his complaints include an October 3, 2013 orthopedic follow-up report with [redacted] where he was with complaints of both neck and low back pain. In regards to his back, he was noted to be with continued complaints of pain radiating to the bilateral buttock, posterior thigh, bilateral calves and right foot noted to be severe in nature, more so on the left lower extremity. Physical examination findings demonstrated normal sensory, deep tendon reflex and motor examination to the lower extremities with limited active range of motion. Bilateral straight leg raising was negative. The claimant was diagnosed with acute low back complaints. It was noted at that time that he had failed conservative measures. It was indicated that he was a candidate for surgical process in the form of L4-5 and L5-S1 anterior interbody fusion. Prior assessment with physical examination from [redacted] of September 25, 2013 showed symmetrical weakness at the EHL with 4+/5 and diminished light touch to sensation over the dorsum of the right foot. The claimant has undergone care in the form of therapy, work restrictions, medication management and prior lumbar epidural injections. Imaging of the lumbar spine includes a December 10, 2012 MRI report that shows L4-5 level to be with a central disc protrusion with mild facet hypertrophy with encroachment noted at the exiting nerve roots. The L5-S1 level was with a broad based disc protrusion, hypertrophy with a patent central canal and no indication of nerve root impingement. Further imaging is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 resection at L4-5 and L5-S1 with concomitant anterior lumbar interbody fusion at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Low Back, Lumbar and Thoracic, (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California ACOEM Guidelines, Lumbar fusion at the L4-5 and the L5-S1 level would not be supported. The claimant's clinical record does not support the role of instability at the L4-5 or L5-S1 level to support a fusion process. Furthermore, there is no documentation of compressive nerve pathology at the L5-S1 level on imaging or physical examination to support the requested two level procedure. California Guidelines clearly indicates that lumbar fusion is not indicated in situations that do not involve segmental instability or trauma related fracture/dislocation. The specific request would not be indicated as medically necessary.

1 pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California MTUS Guidelines, preoperative medical clearance also would not be supported. The role of surgical intervention in this case has not yet been established, thus negating the need for this preoperative assessment.

One 3-in-1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure -Durable medical equipment (DME).

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a 3 in 1 commode would not be supported. While durable medical equipment can be reasonable if the postoperative situation deems it necessary, the role of

surgical intervention in this case has not yet been established thus negating the need for this postoperative DME device.

The request for 12 post-operative rehabilitation sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of postoperative physical therapy services would not be supported. This claimant does not indicate the need for surgical intervention thus negating the need for this postoperative physical therapy treatment.

One (1) standard lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301,Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Guidelines, a lumbar brace also would not be indicated. While lumbar supports have not been documented to show any lasing benefit beyond the acute phase of symptomatic relief, its role in the post fusion setting can be questioned. The need for operative intervention in this case, however, has not been established thus negating the need for the use of this postoperative brace.

One (1) walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure -Walking aids (canes, crutches, braces, orthoses, & walkers.)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a walker would not be indicated. While a walking aide would be recommended following surgery of the type requested, the role of surgical intervention has yet to have been established thus negating the need for this postoperative DME device.

The request for 4 weeks of home care, 3 hours per day, 6 days a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Based on MTUS Guidelines, home health services also would not be supported. The requested eighteen hours a week for four weeks of home health services would not be supported as the role of operative intervention in this case has not been established.

One (1) X-ray of lumbar spine with 2 or 3 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure -Radiography (x-rays)

Decision rationale: Based on Official Disability Guideline criteria as CA MTUS Guidelines are silent, lumbar radiographs would not be indicated. There would be no routine recommendation for lumbar radiographs in this case for presurgical planning or perioperative assessment. The role of surgical intervention has not yet been supported by the claimant's physical examination or prior imaging that failed to demonstrate compressive pathology.

Unknown order of transportation to and from ADLs and treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure -Transportation (to & from appointments).

Decision rationale: CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, transportation services also would not be supported. The role of surgical intervention in this case has not been established thus negating the need for any degree of postoperative transportation services for the claimant.