

Case Number:	CM13-0019546		
Date Assigned:	10/11/2013	Date of Injury:	08/21/1988
Decision Date:	01/22/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine 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 patient is a 65-year-old female with a date of injury of August 21, 1988. She was diagnosed with lumbosacral spondylosis and contusion of the left knee. On the report dated July 31, 2013 she states that her right knee gives out. She has had a series of falls. She states that her left leg has a tingling sensation in the thigh and knee area. She does not have any trouble getting up and down from a chair but, she states she has a sense of weakness and instability in the right leg. She's had a prior laminectomy in 2012. Physical exam states the patient can walk but is weak on the right side. There is decreased strength in the right and normal manual testing on the hip and knee. There are no reflexes evident bilaterally in the lower extremities. There are no focal neurological defects noted. On a note dated May 15, 2013 the physician is discussing fusion. The report states that injections have not yielded any results and the patient is on oral and transdermal pain medications. An MRI was recommended; on 6/6/2013 it showed progression of the disease at L2 - L3 and L1 - L2. There was severe canal stenosis at L2 -L3. There is no indication of vertebral instability, dislocation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression & fusion to L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, fusion

Decision rationale: CA MTUS on page 310 of ACOEM low back chapter states that fusion is not recommended in the absence of fracture, dislocation, complications of tumor or infection. Also, on page 307, the guidelines state that patients may be candidate for fusion if there is increased spinal instability after a surgical decompression. The guides also state that there is no good evidence that spinal fusion alone is effective for treating any type of acute low back pain. Lumbar fusion in patients with other types of low back pain very seldom cures patient. Additional guidelines including ODG state the spinal fusion is indicated only for specific indications. This patient does not meet criteria for spinal fusion and therefore the surgery is not medically necessary.

Post surgical brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: CA MTUS on page 310 of ACOEM low back chapter states that fusion is not recommended in the absence of fracture, dislocation, complications of tumor or infection. Also, on page 307, the guidelines state that patients may be candidate for fusion if there is increased spinal instability after a surgical decompression. The guidelines also state that there is no good evidence that spinal fusion alone is effective for treating any type of acute low back pain. Lumbar fusion in patients with other types of low back pain very seldom cures patient. Additional guidelines including ODG state the spinal fusion is indicated only for specific indications. This patient does not meet criteria for spinal fusion and therefore the surgery is not medically necessary. As the surgery is not necessary, the need for post surgical brace is no longer there. Also, ACOEM states that lumbar braces do not help past the acute phase of LBP. Therefore, the need for post surgical brace is not necessary.

Bathroom Modification: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, DME, and shower bar.

Decision rationale: CA MTUS does not address after modification. ODG states that environmental modifications may help the patient physical limitations but, they are not considered medical in nature. Therefore, modification such as shower bars are not considered

medical in nature. "Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury but, environmental modifications are considered not primarily medical in nature. " Therefore, this treatment is not medically necessary.