

Case Number:	CM13-0020845		
Date Assigned:	03/26/2014	Date of Injury:	01/15/1999
Decision Date:	05/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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 Pennsylvania. 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 is a 50-year-old gentleman injured in work-related accident on January 15, 1999. The records available for review are specific to the claimant's low back and document a prior surgical process, including an L3-4 and L4-5 hemilaminectomy and discectomy, performed in 1999. At present, the claimant continues to report symptoms in the low back and bilateral lower extremities. The report of an MRI scan dated November 21, 2012, revealed moderate stenosis at levels L2-3 through L5-S1. There was evidence of retrolisthesis of L3 on L4 with encroachment of the exiting L3 nerve roots. The treatment to date has included epidural steroid injections, home exercise program, physical therapy, chiropractic care and medication management. The last physical examination available for review was dated August 7, 2013; the claimant was documented as having severe muscle spasm and diminished range of motion of the cervical spine, tenderness to palpation and diminished sensation to the legs. Sensation changes were noted in a nondermatomal distribution. Given the claimant's ongoing complaints of pain and a current diagnosis of significant stenosis, spondylolisthesis and instability, a lumbar fusion with instrumentation from the L2 through L5 level was recommended. This request is for the lumbar fusion with instrumentation, a surgical assistant, a three-day inpatient stay, a lumbar back brace, an external bone growth stimulator, a box of [REDACTED] bandages and 18 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:

SURGERY- L2-L5 POSTERIOR SPINAL FUSION WITH INSTRUMENTATION, L2-L5 TRANSFORAMINAL LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306..

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

Decision rationale: California ACOEM Guidelines would not support the role of multilevel fusion in this case. While this individual is noted to have continued complaints of pain, there is currently no correlation between the requested three levels of surgical intervention and the claimant's physical examination and imaging findings. While the claimant was noted to have retrolisthesis of L3 relative to L4 on MRI scan, there were no plain film radiographs demonstrating segmental instability at the L2-3, L3-4 or L4-5 level to support the need of three-level fusion. When this is coupled with lack of significant compressive findings on imaging and an examination that was vague in terms of underlying radicular findings, the acute need of a surgical process would not be indicated.

"Associated surgical service"-SURGICAL ASSISTANT: 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"- INPATIENT 3 DAY 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.

" Associated surgical service"-DME PURCHASE- LUMBAR BACK 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"-DME PURCHASE- EXTERNAL BONE GROWTH STIMULATOR: 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), LOW BACK PROCEDURE - BONE GROWTH STIMULATORS (BGS)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service"- DME PURCHASE- 1 BOX [REDACTED] BANDAGES: 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 3 X 6: 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.