

Case Number:	CM13-0021475		
Date Assigned:	11/08/2013	Date of Injury:	12/02/1994
Decision Date:	01/27/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/09/2013

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 New Hampshire, New York, Washington. 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 53-year-old female with his date of injury of July 31, 2013. Her initial injury occurred in December 1994. On July 31, 2013, she presented with low back pain and left leg pain. Physical examination revealed decreased sensation in the left lower extremity and decreased range of motion of the lumbar spine. MRI of the lumbar spine on July 26, 2013 revealed postoperative changes at the L3-4 level with the left posterior disc bulge and facet degenerative condition. Neuroforamen were noted to be patent at L3-4. At L4-5, there was a posterior disc bulge with focal central herniation and facet degenerative condition causing no significant stenosis and only mild left foraminal narrowing. Current diagnoses include lumbar disc degeneration without myelopathy of lumbar disc displacement without myelopathy, postlaminectomy condition kyphoscoliosis and scoliosis, and sciatica. Treatments to date include medication, chiropractic care, and pain management programs. It is stated in the record the posterior decompression cannot be achieved without extensive facetectomy. This would not be advisable without fusion according to the requesting surgeon. At issue is whether L3-4 and L4-5 extreme lateral interbody fusion with instrumentation and decompression and posterior spinal fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for L3-4 and L4-5 extreme lateral interbody fusion with posterior spinal fusion instrumentation and decompression with 3-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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

Decision rationale: This patient does not be established criteria for multilevel lumbar fusion. Specifically there was no documented instability, fracture, or a concern for tumor. In addition, the patient does not have a specifically documented neurologic deficit on physical examination that correlates with identified neural compression on imaging studies. Also, there was no evidence of very severe spinal deformity in the form of severe kyphosis severe scoliosis that would warrant deformity fusion at the lumbar levels. Lumbar multilevel decompression and fusion surgery is not medically necessary at this time.

Request for first assist: Philip C. Lanum, PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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.

Request for intraoperative neurophysiological monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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.

Request for preoperative EKG/medical clearance including preoperative labs (CBC, CMP, PT/PTT and UA), possible chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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.

Request for lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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

Request for Orthofix is not medically necessary and appropriate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA ACC/AHA 2007.

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

Request for Cold Therapy Vascutherm unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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

Request for home health initial visit plus 1 or 2 for skilled observation of incision, healing, pain management, neurologic status, home safety and equipment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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.

Request for postoperative physical therapy 2 visits a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG AMA ACC/AHA 2007.

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.