MAXIMUS Federal Services

Case Number:	CM13-0024931		
Date Assigned:	03/03/2014	Date of Injury:	05/06/2011
Decision Date:	04/23/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/16/2013

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 Orthopaedic Surgery, has a subspecialty in Fellowship trained in Spine 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 patient is a 46-year-old female who reported an injury on 05/06/2011. The patient was reportedly injured when she was tossed to the ground while trying to break up a fight. The patient is currently diagnosed with intervertebral disc displacement without myelopathy. The patient was seen by [redacted] on 08/20/2013. The patient reported ongoing lower back pain. Physical examination revealed a normal gait, no evidence of weakness, palpable tenderness of the lumbosacral junction, intact sensation, decreased range of motion, and slightly decreased hip flexion. Treatment recommendations included authorization for an L4-5 TDA and L5-S1 AP fusion. It is also noted the patient underwent an MRI of the lumbar spine on 06/04/2013, which indicated 3-4 mm broad-based disc protrusion with mild facet arthropathy and mild foraminal stenosis at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE DAY INPATIENT STAY FOR L4-5 TOTAL DISCARTHROPLASTY AND L5-S1 ANTERIOR-POSTERIOR FUSION WITH ASSISTANT SURGEON, VASCULAR SURGEON WITH PRE-OPERATIVE MEDICAL CLEARANCE AND CHEST X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, DISC PROSTHESIS, HOSPITAL LENGTH OF STAY AND PREOPERATIVE TESTING, GENERAL.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, the patient's physical examination only revealed diminished range of motion with 4/5 hip flexion. The patient's physical examination otherwise revealed a normal gait, no evidence of weakness, and 2+ deep tendon reflexes. There is no documentation of instability on flexion and extension view radiographs. There is also no indication of an exhaustion of conservative treatment prior to the request for a surgical procedure. Additionally, Official Disability Guidelines state disc prosthesis is not recommended. Based on the clinical information received, the patient does not currently meet criteria for the requested procedure. Therefore, the request is non-certified.

LUMBOSACRAL ORTHOTIC 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.

FRONT-WHEELED WALKER: 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.

COMMODE PURCHASE: 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.

POST-OPERATIVE PHYSICAL THERAPY 3 X WEEK FOR 6 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.