

Case Number:	CM13-0025254		
Date Assigned:	11/20/2013	Date of Injury:	04/13/2012
Decision Date:	02/04/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 patient is a 58-year-old female who reported an injury on 04/13/2012. The patient is diagnosed with L4-5 disc herniation with bilateral radiculopathy and left shoulder pain. The patient was seen by [REDACTED] on 08/07/2013. It is noted that the patient was working full time and tolerating her job well. The patient continues to report lower back pain with radiation to the left lower extremity. Physical examination revealed moderate tenderness to palpation in the left shoulder with decreased range of motion, severe tenderness to palpation in the lumbosacral region with extension, guarding, decreased range of motion at 70% of normal, difficulty rising from a seated to standing position diminished strength, and decreased sensation in the L5 nerve distribution. Treatment recommendations included an L4-5 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Decompression and Fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than 1 month, extreme progression of lower

extremity symptoms, clear clinical and imaging study of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. As per the clinical notes submitted, the patient's latest MRI was conducted on 05/20/2013, and indicated a loss of nucleus pulposus signal intensity and a 3 mm to 4 mm disc bulge without central or lateral spinal stenosis at L5-S1. There is no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been any psychological evaluation prior to the requested surgical intervention. There is no indication of failure to respond to conservative treatment prior to the request for a surgical intervention. It is also noted the patient is working full time and tolerates her job well. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.

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 Official Disability Guidelines (ODG) Low Back Chapter.

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 Chapter, Hospital Length of Stay (LOS).

Decision rationale: Official Disability Guidelines state hospital length of stay following a lumbar fusion includes a median of 3 days. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified

Elevated Toilet Seat: 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) Knee & Leg Chapter, Durable Medical Equipment.

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Walking Aids

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

Reacher/Grabber: 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) Knee & Leg Chapter, Durable Medical Equipment

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As the patient's surgical procedure has not been authorized, the current request for postoperative durable medical equipment is also not medically necessary. Therefore, the request is non-certified.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 Chapter, Back brace, post-operative (fusion)

Decision rationale: Official Disability Guidelines state a postoperative back brace following a fusion is currently under study and given lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postoperative brace. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. As such, the request is non-certified.

Pre-op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.com Perioperative Management of the Female Patient Last Updated: December 1, 2004. Preoperative Indications for Laboratory Tests.

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 Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed to be for surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request for preoperative medical clearance is also not medically necessary. Therefore, the request is non-certified.

Chest X-Ray: 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 Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed to be for surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. As the patient's surgical procedure has not been authorized, the current request for preoperative medical clearance is also not medically necessary. Therefore, the request is non-certified.

Labs: 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 Chapter, Preoperative testing, general.

Decision rationale: Official Disability Guidelines state preoperative testing including chest radiography, laboratory testing, and echocardiography is often performed to be for surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, co morbidities, and physical examination findings. As the patient's surgical procedure

has not been authorized, the current request for preoperative medical clearance is also not medically necessary. Therefore, the request is non-certified.

Orthofix Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, Bone growth stimulators (BGS).

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 Chapter, Bone growth stimulators (BGS).

Decision rationale: Official Disability Guidelines state either invasive or non-invasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct in spinal fusion surgery for patients with risk factors including 1 or more previous failed spinal fusion, grade III or worse spondylolisthesis, a fusion to be performed at more than 1 level, a current smoking habit, diabetes, renal disease, alcoholism, or significant osteoporosis demonstrated on radiographs. As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.