MAXIMUS Federal Services

Case Number:	CM13-0031818		
Date Assigned:	12/04/2013	Date of Injury:	06/09/2009
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

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 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 44-year-old gentleman injured in a work related accident on 06/09/09. He sustained an injury to his low back. Records available for review include a progress report with [redacted] of 10/29/13 where the claimant was with continued complaints of pain about the low back. It states that the injury occurred while lifting 200 pound steer bar. Following a course of conservative care, he is documented to have undergone L3 through L5 lumbar fusion on 09/04/12. He continues to complain of current complaints of low back pain with spasm. At that date, it states that a physical examination "was carried out today". However, formal findings were not documented. The claimant was diagnosed with a pseudoarthrosis of L3-4 and questionable pseudoarthrosis of L4-5. Surgical intervention was recommended based on the above for a L3-4 lateral interbody fusion. Postoperative imaging for review is not documented. Imaging is only indicated of 2011 MRI scan prior to the claimant's two level fusion procedure. As stated at last clinical session, surgery was recommended in the form of a L3-4 lateral interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery of the spine at L3-4, lateral interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ODG, and ACC/AHA 2007 Guidelines on Perioperative cardiovascular evaluation and care for noncardiac surgery

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

Decision rationale: Based on California ACOEM Guidelines, lumbar fusion would not be indicated. While the claimant is noted to be with a diagnosis of pseudoarthrosis at L3-4, there is no documentation of postoperative imaging available for review to demonstrate the above diagnosis or finding. California Guidelines indicate that spinal fusion is recommended for "claimants with increased instability" with no good evidence "that spinal fusion alone is effective at treating any type of acute low back problem". The absence of clinical imaging in the claimant's postoperative course of care would fail to necessitate the surgical request as outlined.

Three (3) day inpatient stay, post-op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and ACC/AHA 2007 Guidelines on Perioperative cardiovascular evaluation and care for noncardiac surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Fusion (spinal),For average hospital LOS after criteria are met, see Hospital length of stay (LOS).

Decision rationale: California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guidelines, three day inpatient hospital stay would not be supported. While Official Disability Guidelines does recommend a three day stay, the role of surgical intervention in this case has not been established, thus negating the need for postoperative course of care.

Post-op physical therapy two (2) times eight (8) total 16 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and ACC/AHA 2007 Guidelines on Perioperative cardiovascular evaluation and care for noncardiac surgery

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy is recommended following fusion for up to "34 visits over 16 weeks". While 16 sessions of initial therapy would be reasonable, the role of surgical intervention has not been established, thus negating the need for the above postoperative modality.

DME cold therapy unit for two (2) months post-op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and ACC/AHA 2007 Guidelines on Perioperative cardiovascular evaluation and care for noncardiac surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Cryotherapy

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, cold therapy unit for two months rental would not be indicated. Official Disability Guidelines does not specifically recommend the role of cryotherapy, but does recommend the role of cold packs for "acute pain for the few days after initial injury". Guidelines would not support the role of cryotherapy of the lumbar spine, nor would it support the role of this modality for a two month period of time. Taking into the fact that surgery has not been supported by clinical records the role of this modality would not be indicated.