MAXIMUS Federal Services

Case Number:	CM13-0034254		
Date Assigned:	12/06/2013	Date of Injury:	12/13/2011
Decision Date:	02/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/14/2013

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 Orthropedic 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. 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 48 year old male status post industrial injury 12/13/11. Exam note from 9/13/13 demonstrates low back pain and right leg pain. Examination demonstrates 4/5 strength right dorsiflexion and EHL. MRI 8/13/13 demonstrates mild foraminal narrowing at L4/5 and facet arthropathy. There is a report of physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Extreme Lateral Interbody Fusion, L5-S1 Axial Lumbar Interbody Fusion with first assistant and interoperative neurophysiological monitoring: 3 day inpatient stay: pre-op Electrocardiogram (EKG)/Medical Clearance including pre-op labs (CBC,CMP,PT/ PTT), UA, possible chest X-Ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: In this case there is lack of medical necessity for a lumbar fusion as there is no evidence of clinical scenarios being satisfied as stated above. Therefore the determination is non certification.

Home Health Care, Initial Visits plus 1 or 2 visits skilled observation of incision healing, pain management, neurologic status, home safety & equipment needs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As the surgical procedure is non-certified the decision for home health care Initial Visits plus 1 or 2 visits skilled observation of incision healing, pain management, neurologic status, home safety & equipment needs is also non certified.

Postoperative physical therapy (PT) two (2) visits for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As the surgical procedure is non-certified, the decision for postoperative physical therapy is also non-certified.

Durable Medical Equipment (DME): Lumbar Brace, Cervical Collar, Orthofix & cold therapy Vasuctherm unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As the surgical procedure is non-certified, the decision for Durable Medical Equipment is also non-certified.