MAXIMUS Federal Services

Case Number:	CM13-0035614		
Date Assigned:	12/13/2013	Date of Injury:	05/02/2012
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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 claimant is a 56-year-old gentleman who was injured May 2, 2012 sustaining an injury to the low back. Clinical records for review include a September 9, 2013 assessment by [redacted] indicating ongoing complaints of pain about the low back. He states he was injured trying to capture a goat. Recent care has included oral use of corticosteroid, pool therapy, epidural steroid injections, and medication management. Current physical examination findings specific to the lumbar spine showed restricted range of motion with 5/5 motor tone with the exception of the left hamstring, anterior tibialis, EHL and gastroc at 4/5. Sensory examination of the lower extremities was intact. There were positive straight leg raising and equal and symmetrical distal reflexes. An MRI scan was reviewed from May 18, 2012 that showed disc bulging at L2-3 and L4-5 with neural foraminal stenosis. Based on the claimant's failed conservative care to date, surgical process was recommended in the form of an L3-4 laminectomy with fusion. Further clinical imaging is not documented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 1 L3-4 posterior laminectomy and facetectomy with fixation and fusion with a 3-day inpatient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Based on California ACOEM Guidelines, the role of a stagged procedure in the form of a posterior laminectomy, decompression and fusion with a three day inpatient length of stay would not be indicated. Records in this case fail to demonstrate any degree of segmental instability at the L3-4 level for which the role of a fusion procedure would be supported. The claimant's clinical imaging in this case is greater than a year old with no documentation of segmental instability. The specific request in this case would not be indicated.

preoperative CBC/CMP/PT/PTT/UA/EKG/Chest x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Preoperative testing as stated above would not be indicated, as the need for operative intervention in this case has not yet been established.

anterior lumbar diskectomy and interbody fusion at L3-4 with iliac crest autograft with a 3 day hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Based on California ACOEM Guidelines, the second part of the stagged process to include an anterior interbody fusion would not be indicated. As stated above, there is no documentation of segmental instability to support the need for a fusion at the L3-4 level. The specific request in this case would not be necessary.

front wheel 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 chapter, Walkers

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a wheeled walker would not be indicated. The need of operative intervention has not been established, thus negating this postoperative DME device.

3-in-1 commode: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, DME

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a 3 in 1 commode or any DME device would not be indicated in the postoperative setting as need for surgical process has not been established.

back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: Based on MTUS Guidelines, a back brace would not be indicated. The need of a back brace for postoperative course of surgical procedure would not be indicated, as the need of operative intervention in this case has not been established.

post-operative physical therapy 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 18 sessions of therapy would not be indicated, as the role of operative intervention has not yet been established.

prescription of Neurontin 100 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: Based on MTUS Chronic Pain Medical Treatment Guidelines, the role of Neurontin, however, would be supported, as the claimant is with a clinical picture consistent with neuropathic pain with positive physical exam findings and documented foraminal narrowing on imaging.