

Case Number:	CM13-0035934		
Date Assigned:	12/13/2013	Date of Injury:	07/05/2012
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/18/2013

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 patient is a 46-year-old gentleman who was injured in a work related accident on 07/05/12. The clinical records reviewed indicate an injury to the low back. A recent MRI report dated 08/27/12 showed degenerative changes with disc protrusion at L2-3 with impingement upon exiting the right L3 nerve root. The L3-4 and L4-5 levels were also with disc protrusion with no neural impingement noted. A 07/11/13 correspondence from treating physician indicated ongoing complaints of pain about the low back stating the claimant has failed conservative care including injection therapy. It states he is with persistent stenosis at L2-3. Given failed measures, the recommendations were for a L2-3 instrumented fusion and decompression. Formal physical examination findings from that date only indicated vital signs with no documentation of an orthopedic or neurologic assessment. A previous assessment of 05/17/13 showed tenderness to the lumbar spine with no documented neurologic findings. A focal examination from 04/17/13 showed a normal sensory examination with equal and symmetric reflexes and 5/5 motor strength to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 Instrumented Fusion and Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Academy of Orthopedic Surgeons.

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

Decision rationale: Based on California ACOEM Guidelines, an instrumented fusion at the L2-3 level would not be indicated. While the claimant is noted to be with continued complaints of pain, documentation does not include the following: 1. Evidence of segmental instability at L2-3 that would justify or necessitate the role of a fusion procedure. 2. No indication of objective findings demonstrating a radicular process consistent with compressive findings at the L2-3 level. Based on the failure to demonstrate progressive neurological dysfunction on examination as well as segmental instability on imaging, the need for operative intervention to include a fusion procedure at the requested level would not be indicated.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Academy of Orthopedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon

Decision rationale: California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon for the above procedure would be indicated. However, the need of operative intervention has not been established, negating the need of this request.

2 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Academy of Orthopedic Surgeons.

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).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a two day inpatient length of stay would not be indicated as the operative intervention has not been established.

1 box of island bandages 4x10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Academy of Orthopedic Surgeons

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: knee procedure -Durable medical equipment (DME).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, in regard to durable medical supplies, the role of bandages would not be indicated as the need for operative intervention has not been established.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Academy of Orthopedic Surgeons.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9, 298, 301.

Decision rationale: The Physician Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), page 9, page 298, page 301.

Post-op Physical Therapy 3x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the American Academy of Orthopedic Surgeons.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy in this case would not be indicated as the need of operative intervention has not been established.