

Case Number:	CM13-0036212		
Date Assigned:	12/13/2013	Date of Injury:	07/28/2011
Decision Date:	02/21/2014	UR Denial Date:	09/20/2013
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 male who sustained an injury to the low back on 07/28/2011. In the records available for review are prior electrodiagnostic studies from 04/05/12 that were noted to be normal and an MRI report of 04/10/2012 that showed the L4-5 level to have a 5 millimeter posterior disc bulge with moderate central canal narrowing and the L5-S1 level to be with a 4 millimeter disc bulge with left and right sided facet hypertrophy with central or lateral stenosis. The most recent clinical note was from 10/21/2013 citing continued complaints of pain about the low back with no documentation of radicular findings. The patient was seen by [REDACTED], [REDACTED], with the physical examination noted to be "deferred." Based on the patient's failed conservative care to date, a two level L4-5 and L5-S1 fusion was recommended for further definitive care. [REDACTED] indicated that the patient's previous assessment of 09/10/2013 showed a positive straight leg raise, 4/5 right anterior strength, and diminished sensation in a L5 dermatomal distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 AP fusion with cage and instrumentation, with assistant surgeon [REDACTED] and [REDACTED] (co/vascular surgeon), 4 day inpatient LOS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation ODG; and the AMA Guides.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon; as well as the Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal)

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines and the Milliman Care Guidelines, the two level fusion procedure at L4-5 and L5-S1 with the use of an assistant surgeon and a four day inpatient length of stay would not be indicated. The clinical records submitted for review failed to demonstrate lumbar instability at the L4-5 or the L5-S1 level that would necessitate the need for a fusion process at this time. Given the lack of the above on imaging, this specific request for the two level procedure in this case would not be supported. This is also taking into account the patient's negative electrodiagnostic studies available for review. ACOEM Guideline criteria indicate the role of a fusion in situations involving lumbar dislocation, fracture, or spondylolisthesis with segmental instability. Records also would not indicate the need for an assistant surgeon or inpatient length of stay based on lack of support for the surgical process. Therefore, the requested services are not medically necessary or appropriate at this time.

Pre-operative medical clearance with CXR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Durable medical equipment (DME) - cold therapy unit - 30 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME - 3:1 commode: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME - 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME - bone growth stimulator: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DME - pneumatic intermittent compression device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

. DME - LSO: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative physical therapy (18 sessions - 3 times per week for 6 weeks): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.