



Case Number:	CM13-0036324		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2009
Decision Date:	06/03/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 61 year old female who was injured on 06/17/2009 while she was reaching forward to lift trash bags. She complained of left knee and low back pain and extension into the lower extremities. Prior treatment history has included the patient undergoing a right knee fusion in 1978. Failed conservative measures include activity modification, physical therapy and pain management. She has also had psychotherapy. Her medications include Hydrocodone, Cyclobenzaprine, Tramadol, Omeprazole and Naproxen. The diagnostic studies reviewed include an MRI of the lumbar spine dated 09/11/2012 revealing retrolisthesis of S1 with respect to L5. Disc desiccation with loss of disc height and signal. Endplate fatty marrow changes. Posterior disc bulge and retrolisthesis is contiguous with a bilateral emerging S1 nerve. Mild canal narrowing, moderate facet hypertrophy. Moderate-severe right neural foraminal narrowing with partial impingement of exiting right L5 nerve. Moderate left neural foraminal narrowing with partial impingement of exiting left L5 nerve. L3-L4: Partial loss of disc height and loss of disc signal. 1 mm left lateral disc bulge is contiguous with emerging left L4 nerve. Moderate left facet hypertrophy. Mild left neural foraminal narrowing. The progress note dated 09/05/2013 documented the patient to have complaints of continued symptomatology in the lumbar spine with extension into the lower extremities. She has been battling chronic symptoms for a prolonged period of time. She has progressive neurologic deficit and weakness with giving way of her legs and foot drop. She has been diagnosed with segmental instability. Objective findings on examination of the lumbar spine are unchanged. There is tenderness from the mid to distal lumbar segments with spasm. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. Examination of the left knee is essentially unchanged. There is tenderness in the anterior joint line space. There is positive patellar grind test. Both medial and lateral joint compartment tenderness has been noted.

Examination of the right knee remains unchanged. There is tenderness at the knee joint line. She has the right knee fused. The diagnosis are L4 to S1 lumbar segmental instability with progressive neurologic deficit in bilateral lower extremities, right side greater than left, status post right knee fusion and internal derangement left knee. The patient has a fair amount of segmental instability and neural compromise. Request will be submitted for L4 to S1 posterior lumbar interbody fusion with attempt at reduction at both segments. Together with authorization for surgery, there is a need for pre-approval for DME and postoperative medication. Disability and patient outcome depends upon approval in a timely manner so as to avoid worsening of the disorder, deconditioning and the development of a chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON: 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: THORACIC LUMBAR SACRAL ORTHOSIS (TLSO)

MEDICAL CLEARANCE: 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.

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 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.

ICE UNIT: 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.

BONE 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.

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.

LOS 3 DAYS INPATIENT HOSPITAL STAY: 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.

THORACIC LUMBAR SACRAL ORTHOSIS (TLSO): 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.

L4-S1 POSTERIOR LUMBAR INTERBODY FUSION W/INSTRUMENTAL, NEURAL DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion.

Decision rationale: According to the supplemental AME report dated 2/6/2013, 12/8/2012 lumbar x-rays demonstrated slight spondylolisthesis of L4 and L5, grade 1. The medical records establish the spinal levels are without any instability. The findings substantiate that this patient is not a candidate for lumbar spine fusion. According to the guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The patient is not a candidate for the proposed two-level lumbar fusion. Therefore, the medical necessity of the requested surgical procedure has not been established.