MAXIMUS Federal Services

Case Number:	CM13-0037749		
Date Assigned:	12/18/2013	Date of Injury:	05/03/2010
Decision Date:	05/08/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/24/2013

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:

This is a 49-year-old female who sustained an injury to the low back in a work-related accident on 5/3/10. The clinical records for review documented that the claimant failed conservative measures and the last clinical assessment dated 9/23/13 noted ongoing low back pain and bilateral lower extremity radicular complaints. Physical examination on that date showed diffuse tenderness to palpation with mildly reduced sensory examination in the S1 distribution, equal and symmetrical deep tendon reflexes, and no motor deficit. The report noted that a previous lumbar discogram on 08/21/13 was positive for concordant findings at L5-S1 and previous electrodiagnostic studies dated 8/27/12 revealed a moderate right L5 and S1 sensory radiculopathy. Imaging report included a lumbar MRI scan dated 6/29/12 that showed disc bulging at L4-5 with facet arthrosis and mild bilateral neural foraminal narrowing with the L5-S1 level with 6 millimeter central disc protrusion with moderate foraminal narrowing and moderate bilateral facet arthrosis. Based on the claimant's failure to improve with conservative care, the recommendation was made for an L5-S1 transforaminal interbody fusion. Plain film radiographs were not provided for review and the remaining clinical records failed to support any other objective findings or imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION AND INSTRUMENTATION FUSION AT L5-S1 W TLIF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307,. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 2ND EDITION 2004 SPINAL FUSION, 307

Decision rationale: Based on California ACOEM Guidelines, the recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. While the claimant has positive findings of radiculopathy and imaging, there is no documentation of radiographs demonstrating segmental instability at the L5-S1 level that would support the need for a fusion procedure. ACOEM Guidelines only recommend fusion in the presence of segmental instability, fracture, or spinal dislocation. The specific request would not be supported.

"ASSOCIATED SURGICAL SERVICE"- TWO (2) DAY INPATIENT STAY: 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) LOW BACK PROCEDURE FUSION SPINAL

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for an inpatient length of stay would not be necessary.

"ASSOCIATED SURGICAL SERVICE"- ELEVATED TOILET SEAT: 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)

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for the DME device in question would not be necessary.

"ASSOCIATED SURGICAL SERVICE"- 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)

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for a front wheeled walker would not be necessary.

"ASSOCIATED SURGICAL SERVICE"- REACHER/GRABBER: 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)

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for a reacher-grabber bar would not be necessary.

"ASSOCIATED SURGICAL SERVICE"-LUMBAR BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, 301. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 1 - 12, 9, 298, 301

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for lumbar bracing would not be necessary.

"ASSOCIATED SURGICAL SERVICE"-ORTHOFIX EXTERNAL 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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for a bone growth stimulator would not be medically necessary.

"ASSOCIATED SURGICAL SERVICE"-CHEST X-RAY: 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) LOW BACK PROCEDURE

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported MTUS Guidelines are silent. Therefore, the request for a chest x-ray as preoperative assessment would not be necessary.

"ASSOCIATED SURGICAL SERVICE"-EKG: 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)

Decision rationale: The recommendation for decompression and instrumented fusion at L5-S1 cannot be supported. Therefore, the request for an EKG would not be necessary as preoperative assessment.