MAXIMUS Federal Services

Case Number:	CM13-0041103		
Date Assigned:	12/20/2013	Date of Injury:	07/10/2012
Decision Date:	03/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 Texas. 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 58-year-old female who reported an injury on 07/10/2012 due to a trip and fall that resulted in a compression fracture of the L1 lumbar vertebra. The patient underwent an electrodiagnostic study in 01/2013 that did provide evidence of left L5-S1 radiculitis documented to be chronic. The patient underwent a CT of the lumbar spine in 03/2013 that provided evidence of a chronic compression fracture at the L1 vertebral body, multilevel lumbar spondylosis worse at the L4-5 and L5-S1. The patient's most recent clinical evaluation documented the patient has chronic low back pain radiating into the bilateral lower extremities. Physical findings included tenderness to palpation along the paravertebral musculature with limited range of motion secondary to pain. The patient had slight decrease to sensation over the L4-5 dermatome with no evidence of decreased motor strength or depressed deep tendon reflexes. The patient has been conservatively treated with medications and a back brace. The patient diagnoses included compression fracture of the L1 lumbar vertebra, lumbar spinal stenosis, coccyx contusion, and lumbar radiculitis on nerve conduction studies. The patient's treatment plan included a bilateral L2-3, L3-4, L4-5 laminectomy and partial facetectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3, L3-4, L4-5 Laminectomy and partial facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The requested bilateral L2-3, L3-4, L4-5 laminectomy and partial facetectomy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend laminectomies for patients who have failed to respond to conservative treatments and have a clear clinical, imaging, and electrodiagnostic evidence of a lesion that would benefit from surgical repair. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in any type of active therapy that may assist with symptom relief. Additionally, the clinical documentation submitted for review does not provide evidence that the patient has radicular symptoms in the L2-3 or L3-4 dermatomes. Although there is imaging evidence of multilevel spondylosis, it is noted in the imaging report that it is most evident at the L4-5 and L5-S1 levels. Therefore, the need for surgical intervention at the L2-3 and L3-4 levels is not clearly supported by the documentation. As such, the requested bilateral L2-3, L3-4, L4-5 laminectomy and partial facetectomy is not medically necessary or appropriate.

for 1-2 days 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 American College of Surgeons, Physicians as Assistant Surgeons, 2011 Case Study.

Decision rationale: The requested assistant surgeon is not medically necessary or appropriate. The American College of Surgeons, Physicians as Assistant Surgeons, 2011 case study does indicate that an assistant surgeon is almost always needed for a laminectomy. However, the requested surgical intervention is not supported at this time; therefore, the need for an assistant surgeon is also not supported. As such, the requested assistant surgeon is not medically necessary or appropriate.

home health consultation consisting of initial and follow-up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines (CMS, 2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Home Health Page(s): 51.

Decision rationale: The requested home health consultation consisting of initial and follow-up visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends home health services for patients who are home bound on a part time or intermittent basis. The clinical documentation submitted for review does not provide any evidence that the patient is home bound and would require the need for home health assistance. There was no documentation that the patient's medical condition cannot be monitored during office visits. Therefore, the need for home health consultation consisting of initial and follow-up visits is not medically necessary or appropriate.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Physicians as Assistant Surgeons, 2011 Case Study.

Decision rationale: The requested assistant surgeon is not medically necessary or appropriate. The American College of Surgeons, Physicians as Assistant Surgeons, 2011 case study does indicate that an assistant surgeon is almost always needed for a laminectomy. However, the requested surgical intervention is not supported at this time; therefore, the need for an assistant surgeon is also not supported. As such, the requested assistant surgeon is not medically necessary or appropriate.

The request for a walker with front wheels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines (CMS, 2005).

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 Chapter, Walking Aids.

Decision rationale: The requested walker with front wheels is not medically necessary or appropriate. Official Disability Guidelines recommend the need for ambulation assistance when the patient has ambulation deficits that cannot be sufficiently resolved without equipment or lower levels of equipment. The clinical documentation submitted for review does not provide any evidence that the patient has any ambulation issues that would benefit from the addition of durable medical equipment. Additionally, the requested surgical intervention is not supported at this time. Therefore, the need for postsurgical assisted ambulation is also not supported. As such, the requested walker with front wheels is not medically necessary or appropriate.

The request for a raised toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Guidelines (CMS, 2005).

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

Decision rationale: The requested raised toilet seat is not medically necessary or appropriate. Official Disability Guidelines do not recommend the need for environmental changes provided by durable medical equipment. Additionally, the clinical documentation does not support surgical intervention at this time. Therefore, the need for any postsurgical management is also not supported. As such, the requested raised toilet seat is not medically necessary or appropriate.