

Case Number:	CM13-0043297		
Date Assigned:	12/27/2013	Date of Injury:	06/28/2012
Decision Date:	07/03/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

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 Neurological Surgery and is licensed to practice in Texas and Michigan. 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 injured worker is a 50-year-old female who sustained an injury in June 2012. No specific mechanism of injury was noted. The injured worker was followed initially for low back pain radiating to the lower extremities primarily in L5 distribution. The injured worker underwent facetectomy, discectomy, and hemilaminectomy at L5-S1 to the right side on October 01, 2012. The injured worker reported post-operative improvement. Post-operative conservative treatment included physical therapy and multiple epidural steroid injections. The injured worker returned back to full duty post-operatively. Although the injured worker had improvement of her right lower extremity symptoms following surgery her symptoms returned in 2013. An MRI of the lumbar spine from July 25, 2013 noted normal disc contour at L5-S1 with no extradural abnormalities. Neural foramina were patent bilaterally. There was a small 2-3mm disc protrusion at L4-5. Electrodiagnostic studies on August 29, 2013 showed evidence of mild chronic denervation in the distal right lower extremity indicating axonal polyneuropathy typically seen in diabetes and other inherited conditions. There was also possible finding for a right S1 radiculopathy. Orthopedic progress report on August 19, 2013 discussed possible discography. According to the report, the MRI was reported to look great at L5-S1. Physical examination noted no focal neurological deficits. There was tenderness to palpation in the lumbar spine with extension and rotation. Decreased sensation continued in S1 nerve root distribution. Recommendations were for posterior lumbar interbody fusion at L5-S1. The requested posterior lumbar interbody fusion at L5-S1 with assistant surgeon, 2-3-day inpatient stay, pre-operative laboratory studies, pre-operative clearance, three day post-operative injured worker stay, one lumbosacral orthosis, one walker, one commode, eight outpatient injured worker post-operative physical therapy sessions, one RN evaluation for wound check, eight (8) in-home physical

therapy sessions and 12 home health aide visits were not recommended by utilization review on September 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 posterior lumbar interbody fusion at the L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In review of the MRI from July 25, 2013, there was no abnormal finding at L5-S1. There was no evidence for instability recurrent disc herniation or any severe compromise of the nerve roots due to instability or severe degenerative disc disease that would have reasonably required this surgical procedure. The clinical records discussed possible discography; however, there was no documentation this was ever performed. It is unclear whether the pain generators have been adequately identified. Given the rather pristine findings at L5-S1 on imaging, guidelines would recommend pre-operative psychological consult ruling out any confounding issues that could possibly affect post-operative recovery as recommended by guidelines. There was no clinical documentation regarding pre-operative psychological consult. The request is not medically necessary based on clinical documentation submitted for review and the American College of Occupational and Environmental Medicine (ACOEM) guidelines.

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

Preoperative labs: 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.

Preoperative clearance (with in-house physician): 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-day minimum post-operative visits while in the hospital for post surgery care: 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.

1 lumbar-sacral orthosis (LSO) back brace: 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.

1 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.

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.

8 outpatient postoperative physical therapy sessions: 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.

12 home health aide visits: 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.

2-3 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 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.

One RN evaluation for wound check: 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.

Eight (8) in-home physical therapy sessions: 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.