

Case Number:	CM13-0043378		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2013
Decision Date:	05/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/23/2013

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 52-year-old gentleman who was injured in a work related accident on February 13, 2013. The clinical records available for review include a recent orthopedic follow-up report of November 1, 2013 indicated ongoing complaints of low back pain and bilateral leg pain. Objective findings at that time demonstrate "No new motor or sensory deficit". There was positive straight leg raising and diminished sensation in an L5-S1 nerve root distribution bilaterally. Working diagnosis was that of spondylolisthesis at L5-S1. Based on failed conservative measures, an appeal for surgical process was recommended on that date to include an L5-S1 decompression, discectomy and fusion with iliac crest bone grafting and two to three day inpatient length of stay. Review of imaging includes an MRI report of September 6, 2013 that showed 1 centimeter of anterolisthesis at the L5-S1 level with a pars defect, moderate foraminal narrowing and impingement upon the exiting L5 nerve root. Radiographs were noted to show similar findings but no evidence of flexion or extension instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar decompression including laminectomy, discectomy, facetectomy, foraminotomy, fusion with iliac crest bone graft and instrument including cages and pedicle screws with inpatient state of 2-3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, surgical procedure to include fusion would not be indicated. CA MTUS states, "There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on."The claimant's degenerative process of anterolisthesis in and of itself would not support the role of fusion in absence of segmental instability or motion on flexion and extension radiographs which is not evident in this case. The absence of segmental instability would fail to satisfy Guideline criteria or support the role of the operative process.

Medical clearance consisting of labs, EKG and CXR: 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), OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE

Decision rationale: CA MTUS states," in assessing acute or sub acute complaints, the occupational health practitioner should first exclude conditions that could threaten life or limb if not diagnosed or treated emergently or urgently. The preoperative laboratory, EKG and chest x-ray would not be supported as need for procedure has not been noted.

Cold therapy unit E0217: 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): 289-299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Cryotherapy

Decision rationale: CA MTUS and Official Disability Guidelines would not support the role of a cryotherapy unit as need for operative intervention has not been supported.

Elec osteogen stim spinal: 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

Decision rationale: CA MTUS Guidelines are silent. Official Disability Guidelines would not recommend the role of a bone growth stimulator for an isolated one level fusion. Also, the surgical process has not been supported.

LSO post rigig panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

Decision rationale: CA MTUS Guidelines would not support the role of bracing in the postoperative setting in this case, as the need for operative intervention has not been established.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE PROCEDURE

Decision rationale: CA MTUS Guidelines are silent. Official Disability Guidelines would not recommend the role of this DME device as need for operative intervention has not been established.

Shower bench: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: CA MTUS Guidelines are silent. Official Disability Guidelines would not recommend the role of this DME device as need for operative intervention has not been established.

Physical therapy two times a week for four weeks post-operative lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 722.6, 722.8.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support eight sessions of physical therapy as the need for operative intervention has not yet been supported.