

Case Number:	CM13-0048169		
Date Assigned:	03/19/2014	Date of Injury:	02/23/1980
Decision Date:	07/17/2014	UR Denial Date:	06/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 67-year-old male who presented with mid and low back pain. A clinical note dated February 13, 2013 indicated the initial injury occurred when the injured worker had a significant fall. The injured worker rated the pain as 5-8/10 on the visual analog scale. The injured worker underwent physical therapy approximately eight years prior to the office visit. For upon exam 4/5 strength was identified on the right throughout the lower extremities. A clinical note dated May 01, 2013 indicated the injured worker complaining of severe levels of pain across the low back. The injured worker stated the pain was persistent with radiation into bilateral lower extremities. The injured worker reported numbness and paresthesia. Upon exam, the injured worker demonstrated 30 degrees of lumbar flexion and 5 degrees of extension. The radiology report dated May 18, 2013 a 3mm disc bulge with severe right neural foraminal narrowing at L1-2; a 5mm disc bulge was identified at L2-3 with severe neural foraminal narrowing and facet hypertrophy. Severe left neural foraminal narrowing was identified at L3-4 with mild right neural foraminal narrowing. Compression of the exiting nerve root was identified. A 5mm disc bulge was identified at L4-5 with severe facet hypertrophy and ligamentum flavum with very severe neural foraminal narrowing impression and compression of the exiting nerve root to the left of midline. A 5mm disc bulge with marked left greater than right neural foraminal narrowing and bilateral facet hypertrophy was revealed. An MRI of the lumbar spine dated May 20, 2013 revealed multilevel disc bulges with neural foraminal narrowing and five set hypertrophy from L2 through S1. X-rays of the lumbar spine dated June 12, 2013 revealed scoliotic curvature in the lower thoracic spine and lumbar spine convex towards the left with a cob angle measuring 58 degrees. Left lateral translation of L3 was identified on L4 with. Disc space narrowing and kyphotic curvature were identified at L2. A clinical note dated June 20, 2013 indicated the injured worker complaining of low back pain identified in both bilaterally.

The injured worker complained of bilateral lower extremities numbness. The injured worker utilized Norco and Flexeril. The Utilization review dated June 30, 2013 resulted in a denial for decompression and fusion in the lumbar spine and assistant surgeon, back brace, and pre-operative clearance as no information was submitted regarding instability confirmed by imaging studies or completion of all conservative treatment including physical therapy and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON QTY 1: 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.

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.

PER-OPERATIVE MEDICAL CLEARANCE TO INCLUDE PULMONOLOGY DUE TO HISTORY OF COPD QTY 1: 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.

LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY L2-4 (2 LEVELS) QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The clinical documentation indicates that the injured worker had complaints of a long history of low back pain. A laminectomy decompressive procedure in the lumbar spine is indicated for patients who have completed all conservative treatment according to American College of Occupational and Environmental Medicine (ACOEM). No information was submitted regarding recent completion of any conservative treatments or recent injection history. Given this, the request is not indicated as medically necessary.

LUMBAR ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE L3-4 QTY 1: 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.

ADDITIONAL LEVEL ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE L3-4 QTY 1: 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.

POSTERIOR SEGMENTAL INSTRUMENTATION QTY 1: 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.

ALLOGRAFT QTY 1: 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.