

Case Number:	CM13-0049660		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2003
Decision Date:	05/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 69-year-old gentleman who reported an injury to his back incurred in a work related accident on 01/07/03. A 10/03/13 follow-up report indicated ongoing complaints of low back and radiating right leg pain. The record indicated that conservative measures have been utilized over the past ten years inclusive of medications, therapy, chiropractic measures and injections. The physical examination showed restricted range of motion with pain, diminished sensation in an L4-S1 right sided dermatomal distribution and positive bilateral straight leg raising. Recent radiographs demonstrated instability at L5-S1 on flexion and extension views and then a previous MRI performed two years prior showed degenerative stenosis and facet changes at the L4-5 and L5-S1 level. There was also documentation of previous electrodiagnostic studies that showed findings of radiculopathy at the right L5 level. Given the claimant's continued clinical complaints a two level L4-5 and L5-S1 fusion was recommended for further therapeutic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY POSTERIOR SPINAL FUSION WITH INSTRUMENTATION POST LATERAL INTERBODY FUSION AT L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 305-307.

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

Decision rationale: MTUS Guidelines would not support the medical necessity for the requested two level lumbar fusion procedures. While the treating physician indicates L5-S1 to be with instability documented on flexion/extension x-rays there is no current documentation of instability at the L4-5 level and no formal documentation of MRI scans available for review. While the record reflects continued pain with symptoms, the lack of documentation of neurocompressive findings of the L4-5 and L5-S1 level coupled with no evidence of segmental instability at the L4-5 level, the medical necessity for the requested two levels lumbar fusion procedure cannot be established.

5 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Low Back Procedure.

Decision rationale: MTUS Guidelines are silent however in looking to Official Disability Guidelines criteria the requested five day inpatient length of stay would not be supported as the medical necessity for the requested surgical procedure has not been established.

COMMODE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure.

Decision rationale: MTUS Guidelines are silent; in looking to Official Disability Guidelines there is not a medical necessity for the requested commode as the need for operative intervention has not been established.

FRONT WHEELED WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure.

Decision rationale: MTUS Guidelines are silent; in looking to Official Disability Guidelines there is not medical support for the requested front wheeled walker as the need for surgical intervention has not been established.

LSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: MTUS Guidelines would not support a medical necessity for the requested lumbar LSO brace as the medical necessity for the requested surgical intervention has not been established.