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| Case Number: | CM13-0049795 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/03/2006 |
| Decision Date: | 04/04/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 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 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 claimant is a 60 year old female who sustained an injury to the low back in a work related accident on November 3, 2006. Specific to the claimant's low back, the records included the September 23, 2013 assessment by [REDACTED] for continued subjective complaints of left shoulder pain and low back pain. [REDACTED] documented that authorization was being requested for an L4-S1 fusion procedure but did not describe any current change in the clinical symptoms. The physical examination showed diminished sensation in a right L4-S1 dermatomal fashion with positive straight leg raising, restricted lumbar range of motion and tenderness to palpation. Diagnosis was discogenic pain at L4-5 and L5-S1 and the fusion procedure for anterior/posteriorly at the L4-5 and L5-S was recommended. Clinical imaging was not referenced at that time. Previous imaging reports for review included radiographs of the lumbar spine dated April 11, 2013 that showed mild discogenic spondylosis at L5-S1 and facet arthrosis at L4-S1 with no documented instability. A previous MRI report dated October 25, 2012 showed a disc protrusion at L5-S1 with mild to moderate left side foraminal stenosis at L4-5. Lumbar discography from October 2012 showed concordant pain at the L4-5 and L5-S1 level. At present there is a request for the two level anterior and posterior fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 360 degree fusion with decompression: Upheld

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

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

Decision rationale: Based on the CA ACOEM Guidelines the proposed two level lumbar fusion at L4-5 and L5-S1 cannot be supported as medically necessary. The records indicate the claimant has sensory change on examination and a disc protrusion at the L5-S1 level with concordant discogenic pain on discography. There is no documentation of segmental instability at the L4-5 or L5-S1 level to support or warrant the need of operative intervention in the form of fusion. The ACOEM Guidelines only recommend the role of fusion surgery in the setting of lumbar fracture, dislocation or segmental instability. The specific request is not indicated.

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.

Motorized hot/cold therapy system: 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.

Bone growth stimulator: 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.

Home help: 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.