

Case Number:	CM13-0053311		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2012
Decision Date:	03/26/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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 Sports Medicine 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 patient is a 52-year-old female who reported an injury on 04/29/2012. The patient reportedly strained her lower back while transferring a resident into a wheelchair. The patient is diagnosed with spondylosis at L1-5 and herniated nucleus pulposus. A surgery authorization request was submitted by [REDACTED] on 11/05/2013. The physician requested an L2-5 extreme lateral interbody fusion, possible L1-2 interbody fusion with instrumentation. The physician also requested preoperative clearance, as well as postoperative durable medical equipment and physical therapy with a 3 day hospital stay. However, there was no documentation of a physician progress report on the requesting date of 11/05/2013. Therefore, there is no recent physical examination submitted for review. The most recent progress report submitted by [REDACTED] is dated 09/18/2013. The physical examination revealed decreased lumbar range of motion and tenderness to palpation with 5/5 motor strength bilaterally. The patient underwent a previous MRI of the lumbar spine on 06/08/2013, which indicated reversal of lumbar lordosis, spinal canal narrowing, and musculoskeletal strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-5 extreme lateral interbody fusion, possible L2 interbody fusion, L2-5 and possible L1-2 posterior fusion with instrumentation, inpatient hospital 3 day length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. There was no documentation of a physician progress report on the requesting date of 11/05/2013. The patient's latest physical examination only revealed decreased range of motion and tenderness to palpation. The patient demonstrated 5/5 motor strength bilaterally. There is no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been any psychological evaluation prior to the requested surgical intervention. Based on the clinical information received, the request is non-certified.

An 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.

Intraoperative neurophysiological monitoring: 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.

Pre-op EKG/medical clearance including labs: CBC, CMP, PT/PTT and UA: 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.

X-ray: 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.

Lumbar 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.

Cold therapy vascutherm unit: 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 health initial visit plus one or two for skilled observation of incision healing, pain management, neurologic incision, home safety and equipment: 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.

Outpatient post operative physical therapy two times a week for six weeks: 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.