

Case Number:	CM13-0056154		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	03/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/20/2013

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 has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 reported an injury on 05/08/2013 due to a slip and fall that reportedly caused injury to the patient's low back and right elbow. The patient underwent an MRI on 05/15/2013 that revealed 2 mm disc bulge that the L1-2 indenting on the thecal sac, a 1.5 mm disc bulge at the L3-4 indenting on the thecal sac, and a grade 2 anterolisthesis at the L4 over L5 causing central canal stenosis. The patient's most recent clinical examination findings included continued pain complaints rated at a 7/10 radiating into the left lower extremity. No physical objective findings were included in the visits from 10/30/2013 or 09/27/2013. Patient was evaluated on 08/27/2013. It was documentation that the patient had limited lumbar range of motion secondary to pain, and tenderness to palpation over the fourth lumbar spinal process with spasming of the lumbar paraspinal muscles and 2/4 patellar reflexes. The patient's treatment history included physical therapy and medications. The patient's treatment plan included surgical intervention with postoperative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for inpatient L4-5 Laminectomy Discectomy, Transforminal Lumbar TLIF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The requested inpatient L4-5 laminectomy, discectomy and transforaminal lumbar interbody fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do recommend fusion surgery for patients with significant instability as a result of significant spondylolisthesis that has failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has a grade 2 spondylolisthesis at the L4 on the L5. Additionally, the clinical documentation does indicate that the patient has radiculopathy as there are decreased reflexes of the patellar indicating L4 nerve root involvement. However, the clinical documentation submitted for review fails to document that the patient has exhausted all lesser forms of conservative treatment. Additionally, there is no documentation of progressive neurological deficits that would support aggressive instability of the patient's grade 2 spondylolisthesis. Therefore, the need for surgical intervention is not clearly established. As such, the requested inpatient L4-5 laminectomy, discectomy, transforaminal lumbar interbody fusion is not medically necessary or appropriate.

request for 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: As the requested surgical intervention is not supported by the documentation the requested assisted surgeon would also not be supported.

request for inpatient hospital stay 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay (LOS) guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation the requested inpatient hospital stay would also not be supported.

request for Front Wheel Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the submitted documentation postsurgical management would also not be supported.

request for a Raised Toiled Seat:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the submitted documentation postsurgical management would also not be supported.

request for Cold Therapy 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: As the requested surgical intervention is not supported by the submitted documentation postsurgical management would also not be supported.