MAXIMUS Federal Services

Case Number:	CM13-0056861		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2005
Decision Date:	03/31/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Spine 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 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 35-year-old female who reported injury on 09/28/2005. The mechanism of injury was noted to be a bed carrying a 400 pound patient rolled over the patient's left foot. The patient had an MRI of the lumbar spine on 07/01/2013. At the level of L3-4, there was a small disc protrusion with high intensities and without significant spinal canal stenosis or neural foraminal stenosis; at the level of L4-5, there was a small focal central protrusion with an associated intensity zone with no significant neural foraminal stenosis and myelogram plane thickening with a mild spinal canal narrowing; at L5-S1, there was mild bilateral facet arthropathy with minimal disc bulge and no significant spinal canal stenosis or neural foraminal stenosis. The patient had implantation and removal of a spinal cord stimulator and the patient had treatment with epidural steroid injections as well as medications. The patient was noted to have pain in the thoracic area radiating to the low back. The patient had pain upon palpation of the thoracic spine down to the low back. The patient was additionally treated with physical therapy. The patient's diagnosis was noted to be reflex sympathetic dystrophy of the lower extremity and degenerative disc disease in the lumbar spine. The request was made for posterior interbody fusion laminectomy and placement of pedicle screws at L4-5-S1. The most recent documentation indicated the patient had a lumbar epidural steroid injection on 08/12/2013 which gave good relief for about 6 to 7 weeks. The pain was noted to have increased and extended up to the mid back. The physical examination revealed that the patient used a crutch to minimize left lower extremity weight bearing. The patient's medications were noted to be baclofen 10 mg, methadone 10 mg, Trazorel 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Posterior interbody fusion laminectomy and placement of pedicle screws L4-L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Ed. (2008)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: ACOEM Guidelines indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The clinical documentation submitted for review failed to indicate the patient had objective findings of myotomal or dermatomal weakness. The MRI indicated the patient had mild spinal canal stenosis at L4-5 and no spinal canal stenosis at L5-S1. As such, there was a lack of documentation of spinal instability to support the requested surgery. Given the above, the request for Posterior interbody fusion laminectomy and placement of pedicle screws L4-L5-S1 is not medically necessary and appropriate.

Decision for CBC: 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.

Decision for Chem 20: 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.

Decision for Urinalysis: 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.

Decision for PT and PTT: 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.

Decision for two Views CXR (Chest 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.

Decision for EKG (Electro Cardiogram): 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.

Decision for Medical clearance: 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.