

Case Number:	CM13-0063069		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2008
Decision Date:	04/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Fellowship trained in Spine 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 52-year-old male who reported an injury on 06/24/2008. The mechanism of injury was not specifically stated. The patient is diagnosed with spinal instability at L5-S1 and L3-4, radiculopathy, and spinal stenosis. The patient was seen by [REDACTED] on 10/17/2013. The patient reported ongoing pain in the lower back with radiation to the lower extremity. Physical examination revealed decreased lumbar range of motion, paraspinal musculature tenderness, paraspinal spasm, positive straight leg raising, decreased strength, and decreased sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP lumbar decompression and fusion at L3-4 and L5-S1, stage 1 and 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation American Medical Association Guides, 5th Edition, page 382-383, Official Disability Guidelines Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity

limitations for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, there is no evidence of an updated MRI. There is no documented instability on flexion and extension view radiographs. It is also noted that the patient is currently awaiting authorization for a second opinion spine specialist consultation as well as an updated MRI. Additionally noted, there is no mention of an exhaustion of conservative treatment. There is no psychological evaluation submitted prior to the requested surgical intervention. Based on the clinical information received, the request is non-certified.

Vascular Co-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.

Unknown length of stay: 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 Care 3 X 2, 4 hours per Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis, generally up to no more than 35 hours per week. As per the documentation submitted, there is no indication that this patient is home bound. The type of services required was not stated in the requested. California MTUS Guidelines further state medical treatment does not include home maker services or personal care. The current request was also submitted in addition to an AP lumbar decompression and fusion request. It is unknown whether the patient is scheduled to undergo the previously requested procedure. Based

on the clinical information received and the California MTUS Guidelines, the request is non-certified.