

Case Number:	CM13-0066812		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2013
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 claimant is a 45 year old male who injured his low back in a work related accident on January 20, 2013. The clinical records provided for review included an orthopedic assessment by [REDACTED] on November 14, 2013 who noted that the claimant had lumbar complaints with continued axial pain radiating to the bilateral lower extremities. Objective findings on examination showed restricted range of motion, positive straight leg testing and spasm. The neurologic examination was not noted. The diagnosis was L4-5 and L5-S1 disc herniation with stenosis and annular tearing. A report of an MRI of the lumbar spine dated November 11, 2013 documented a four millimeter broad based protrusion at L4-5 with facet hypertrophy and at the L5-S1 level a disc protrusion and moderate to severe neuroforaminal narrowing. The clinical imaging did not document any degree of lumbar instability. The recommendation was made for a two level fusion procedure.

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 POSTEROLATERAL FUSION WITH SCREWS AND ALLOGRAFT, BILATERAL DECOMPRESSION AND POSTERIOR LUMBAR INTERBODY FUSION WITH CAGES AND ALLOGRAFT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The medical records provided for review state the claimant has continued complaints of pain but there is no documentation that demonstrates any evidence of segmental instability. As indicated by the ACOEM Guidelines, fusion is indicated in the presence of spinal instability. The absence of the above would fail to necessitate the surgical process as requested. The request for a L4-L5 and L5-S1 posterolateral fusion with screws and allograft, bilateral decompression and posterior lumbar interbody fusion with cages and allograft is not medically necessary and appropriate.

MOTORIZED HOT/COLD UNIT FOR 30 DAYS: 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.

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.

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.

FRONT WHEELED WALKER: 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.

3 IN 1 COMMODE: 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.

PHYSICAL THERAPY 2X4: 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.

POST OP 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.

POST OP EVALUATION BY R.N (AFTER THE FIRST 24 HOURS AT HOME OR THE DAY AFTER FOR POST-OP ASSESSMENT OF RECOVERY PROCESS AND TO PROVIDE INSTRUCTION TO CAREGIVER): 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.

TWO DAY HOSPITAL 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.

OMEPRAZOLE 20MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines would not support the continued use of Omeprazole. The documentation provided for review does not identify that the claimant has any significant risk factors from a gastrointestinal prospective to warrant the need for treatment by a protective proton pump inhibitor. The role of this medication based on the MTUS Chronic Pain Guidelines is not supported. The request is not medically necessary and appropriate.

POST OP RE-EVALUATION IN 6 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.