

Case Number:	CM13-0071246		
Date Assigned:	01/08/2014	Date of Injury:	08/24/2004
Decision Date:	11/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Spinal Surgeon and is licensed to practice in New York. 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 53-year-old male with a date of injury of August 24, 2004. The patient has chronic back pain. MRI lumbar spine from 2013 shows scoliosis centered at L3-4. There is disc degeneration at L4-5 and L5-S1. There is spondylolisthesis at L4-5. X-ray show L4-5 spondylolisthesis of L5-S1 disc degeneration. The patient has had physical therapy, chiropractic, and epidural steroid injection with temporal relief. At issue is whether lumbar surgeries medically necessary. Also at issue is whether hospital stay length and other modalities are needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four day inpatient hospitalization: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Fusion.

Decision rationale: MTUS guidelines recommend 3 day hospital stay of the lumbar fusion surgery. This patient has been indicated for lumbar fusion. 4 day stay at the surgery is excessive and not supported by guidelines. 4 day hospital stay for uncomplicated lumbar fusion surgery not medically necessary.

Pre-operative EKG/medical clearance including pre-operative laboratory testing:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP:www.guidelines.gov](http://www.guidelines.gov)

Decision rationale: The patient is 53 years of age and is scheduled to have lumbar fusion surgery. Preoperative medical clearance is appropriate and a 50 thorough patient prior to multilevel lumbar fusion surgery. The surgery is typically a lengthy operation with excessive blood loss. Patient's over 50 years of age undergoing multiple level lumbar fusion surgery should have preoperative clearance as a standard of good medical care.

Possible chest x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP:www.guidelines.gov](http://www.guidelines.gov)

Decision rationale: Medical necessity for routine preoperative chest x-ray not met. The patient does not have any prior history of pulmonary disorders. There is no clinical indication for routine chest x-ray prior to lumbar fusion surgery.

Purchase of 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine Chapter.

Decision rationale: ODG recommends cold therapy for 7 days after surgery. There is no medical necessity for purchase of cold therapy device. Cold therapy to be achieved by the use of routine ice packs. The purchase of the unit is not medically necessary.

Home health initial visit plus one or two for skilled observation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records do not document that the patient will be homebound incapacitated after the surgery. The need for home health visits with skilled observation not established. It is unclear whether the patient will be nonambulatory after the surgery. Not enough information is present in the medical record to justify home health aid.