

Case Number:	CM14-0000810		
Date Assigned:	01/17/2014	Date of Injury:	12/03/2009
Decision Date:	08/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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 injured worker is a 56-year-old female who reported an injury on 12/03/2009 due to a fall. The injured worker reportedly sustained an injury to her low back. The injured worker underwent an MRI on 05/15/2014. It was noted that the injured worker had early central spinal canal stenosis at the L3-4 and evidence of a previous right hemilaminectomy at the L4-5. The injured worker's conservative care has included activity modifications, medications, physical therapy, epidural steroid injections, and psychological supported. The injured worker was evaluated on 12/03/2013. It was noted that the injured worker had daily pain of the low back. The injured worker's medications were noted to be Neurontin, tramadol, Soma and Elavil. Physical findings included tenderness to palpation of the lumbar paraspinal musculature. The injured worker's diagnoses included sciatica, lumbar neuropathy, chronic pain secondary to trauma, and reactive depression. The injured worker's treatment plan included continuation of medications. A request was made for L3 through L5 instrumented fusion and decompression. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 INSTRUMENTED FUSION AND DECOMPRESSION: Upheld

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

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

Decision rationale: The requested L3 through L5 instrumented fusion and decompression is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for instances of instability of the lumbar spine. It is also recommended that the injured worker undergo a psychological evaluation to determine the appropriateness of the surgery for the injured worker. The clinical documentation submitted for review does not provide any recent physical evidence of significant radiculopathy correlative of pathology identified on an imaging study to support the need for fusion surgery. There is no documentation of instability at the L3-4 and L4-5 levels. Furthermore, there is no documentation that the injured worker has undergone a psychological evaluation to determine whether they are an appropriate candidate for this type of surgery. As such, the requested L3 to L5 instrumented fusion and decompression is not medically necessary or appropriate.

18 PHYSICAL THERAPY: 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.

LUMBAR BACK BRACE L637: 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.