MAXIMUS Federal Services

Case Number:	CM14-0001954		
Date Assigned:	01/24/2014	Date of Injury:	12/28/2005
Decision Date:	11/12/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/06/2014

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, has a subspecialty in 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 58-year-old male who reported an injury on 12/28/2005 after lifting a water heater. The injured worker reportedly sustained an injury to his low back. The injured worker's history included cervical laminectomy, neck surgery, bilateral carpal tunnel surgery, and other various surgeries on the wrists and hands. The injured worker's chronic low back pain was managed with medications, a home exercise program, and psychological support. The injured worker's most recent evaluation was 07/18/2014. It was documented that the injured worker had neck pain rated at a 2/10 to 3/10 and low back pain rated at a 6/10. No physical examination findings were submitted for review. The injured worker's medications included ibuprofen, Soma, and Tizanidine. The injured worker's diagnoses included depression/anxiety, cervical spine failed surgery with pain, lumbar spine intervertebral disc disease with myofascial pain and trigger points, and hypertension. The injured worker's treatment plan at that appointment was continuation of medication usage. A request for lumbar fusion surgery was made. However, there was no justification for the request. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Spinal Fusion at L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Fusion (spinal)

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

Decision rationale: The requested Posterior Spinal Fusion L5 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spine surgery for patients with severe disabling radicular symptoms consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not provide any recent evidence of severe radicular findings. No independent evaluation of lumbar MRI was provided. Furthermore, the American College of Occupational and Environmental Medicine recommends fusion surgery for patients with significant instability. There was no documentation of instability noted or provided by an imaging study. Also, the American College of Occupational and Environmental Medicine recommends a psychological evaluation to determine the appropriateness of fusion surgery. The clinical documentation does indicate that the injured worker is being provided psychological support. However, a psychological evaluation was not provided. As such, the requested Posterior Spinal Fusion L5 is not medically necessary or appropriate.

Posterior Spinal Fusion at S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Fusion (spinal)

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

Decision rationale: The requested Posterior Spinal Fusion S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spine surgery for patients with severe disabling radicular symptoms consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not provide any recent evidence of severe radicular findings. No independent evaluation of lumbar MRI was provided. Furthermore, the American College of Occupational and Environmental Medicine recommends fusion surgery for patients with significant instability. There was no documentation of instability noted or provided by an imaging study. Also, the American College of Occupational and Environmental Medicine recommends a psychological evaluation to determine the appropriateness of fusion surgery. The clinical documentation does indicate that the injured worker is being provided psychological support. However, a psychological evaluation was not provided. As such, the requested Posterior Spinal Fusion S1 is not medically necessary or appropriate.

Laminectomy at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery, Discectomy/Laminectomy

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

Decision rationale: The requested Laminectomy L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spine surgery for patients with severe disabling radicular symptoms consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not provide any recent evidence of severe radicular findings. No independent evaluation of lumbar MRI was provided. Furthermore, the American College of Occupational and Environmental Medicine recommends laminectomy surgery for patients with significant instability. There was no documentation of instability noted or provided by an imaging study. Also, the American College of Occupational and Environmental Medicine recommends a psychological evaluation to determine the appropriateness of laminectomy surgery. The clinical documentation does indicate that the injured worker is being provided psychological support. However, a psychological evaluation was not provided. As such, the requested Laminectomy L5-S1 is not medically necessary or appropriate.

Post-lateral interbody fusion at L5-S1 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Fusion (spinal)

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

Decision rationale: The requested Post-lateral interbody fusion at L5-S1 with instrumentation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spine surgery for patients with severe disabling radicular symptoms consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not provide any recent evidence of severe radicular findings. No independent evaluation of lumbar MRI was provided. Furthermore, the American College of Occupational and Environmental Medicine recommends fusion surgery for patients with significant instability. There was no documentation of instability noted or provided by an imaging study. Also, the American College of Occupational and Environmental Medicine recommends a psychological evaluation to determine the appropriateness of fusion surgery. The clinical documentation does indicate that the injured worker is being provided psychological support. However, a psychological evaluation was not provided. As such, the requested Post-lateral interbody fusion at L5-S1 with instrumentation is not medically necessary or appropriate.

Preoperative 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.

3-in-1 commode chair, extra wide: 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.

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.

TLSO (Thoracolumbosacral orthosis) custom molded 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.

5 days of inpatient care on a medical surgical unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay (LOS)

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.