

Case Number:	CM14-0004232		
Date Assigned:	02/05/2014	Date of Injury:	08/23/2007
Decision Date:	07/15/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 51-year-old male who reported a low back injury on 8/23/07 after lifting an 100 pound dog. The injured worker's treatment history included physical therapy, aquatic therapy, multiple medications, activity modifications, a back brace, and a TENS unit. The injured worker underwent an MRI of the lumbar spine in July 2013. Physical findings included a 5 mm disc bulge impinging on the left S1 nerve root, and a 4 mm disc bulge at the L4-5 causing moderate right foraminal stenosis and impinging the right L5 nerve root, and a 3 mm disc bulge at the L3-4 causing moderate to severe spinal stenosis. The injured worker was evaluated on 11/12/13. It was documented that the patient had significant low back pain radiating into the left leg. Physical findings included tenderness and spasm in the paralumbar musculature with markedly limited range of motion. The injured worker's diagnoses included an L3-4, L4-5, and L5-S1 disc protrusion with radiculopathy. It was noted that the patient did not want epidural steroid injections and wanted to proceed with surgical intervention. The injured worker's treatment plan included a posterior lumbar interbody fusion at the L3-4, L4-5, and L5-S1. The injured worker was evaluated on 12/10/13. Physical findings at that appointment included right-sided sciatic irritation, restricted range of motion, and decreased sensation in the L4 and L5 dermatomal distribution with decreased motor strength in the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR INTER BODY FUSION AT L3-L4,L4-L5,AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The ACOEM/MTUS guidelines state that surgical intervention for the low back is recommended when there is clear clinical evidence and imaging studies of a lesion that would benefit from short and long term surgical repair. The clinical documentation submitted for review indicates that the patient has low back pain that radiates into the lower extremities that has failed to respond to conservative treatments. However, the clinical documentation fails to provide any consistent evidence of lower leg symptoms consistent with dermatomal distribution abnormalities that were identified on the imaging study. Additionally, the ACOEM recommends fusion for patients with evidence of instability. The clinical documentation does not provide any evidence of instability. The treating physician does not indicate that decompression would cause significant instability intraoperatively that would support the need for fusion surgery. Furthermore, the Official Disability Guidelines recommend psychological evaluation prior to fusion surgery. The clinical documentation submitted for review indicates that a psychological evaluation has been requested. However, the outcome of that evaluation was not provided. In the above lack of information, surgical intervention is not supported at this time. As such, the request is not medically necessary.

2 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.

FOLLOW UP WITH AN INTERNAL MEDICINE SPECIALIST POST OPERATIVELY FOR 4-5 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.

PRO-STIM UNIT WITH SUPPLIES: 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.

MOTORIZED HOT/COLD THERAPY UNIT: 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.

ELEO OSTEOGEN STIM SPINAL: 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.

3/1 IN 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.

FRONT WHEEL 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.

POST-OPERATIVE EVALUATION WITH A REGISTERED NURSE: 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 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-OPERATIVE ZOFTRAN: 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 OPERATIVE DURACEF: 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 OPERATIVE NORCO: 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.

CYCLOBENZAPRINE 7.5 MG #60 - 1 TABLET EVERY 12 HOURS AS NEEDED:
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.