

Case Number:	CM14-0007913		
Date Assigned:	02/07/2014	Date of Injury:	03/27/2010
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 Official Disability Guidelines, 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 37-year-old male with a date of injury of March 27, 2010. The patient reports low back pain radiating to the left lower extremity. On physical examination he has a well-healed lumbar incision from her previous surgery. He has tenderness of lumbar paraspinals. There is spasm in the musculature. Straight leg raising is positive on the last. There is decreased sensation on the left L5 and left S1 dermatomes. There is no weakness or atrophy. Radiographs show postoperative changes at L5-S1 with retrolisthesis. The patient had L5-S1 decompression in August 2010 with revision in July 2013. An MRI of the lumbar spine from December 2013 shows scar tissue around the S1 nerve root. There is no significant recurrent disc herniation or canal stenosis or instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 BILATERAL REVISION DECOMPRESSION AND DISCECTOMY, L5-S1 POSTERIOR LUMBAR INTERBODY FUSION WITH CAGE/ALLOGRAFT, L5-S1 POSTEROLATERAL FUSION WITH SCREWS/ALLOGRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. 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 rationale: The patient is early had 2 previous decompressive surgeries in the lumbar spine. The MRI from 2013 does not show instability or significant compression of nerve roots with spinal stenosis. Specifically, the imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. In addition, there is no documented radiographic evidence of instability. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. Fusion surgery performed in patients without evidence of instability and with multiple levels of lumbar disc degeneration on imaging studies is not more likely than conservative measures to relieve chronic back pain symptoms. The existing literature does not support the use of multilevel fusion surgery for discogenic back pain. Surgery for lumbar decompression and fusion is not medically necessary in this patient.

TWO DAY INPATIENT 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.

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.

MOTORIZED HOT/COLD UNIT, 7 DAY RENTAL: 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.

3/1 COMMUNE: 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 HOME HEALTH RN EVALUATION: 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.

ORTHOPEDIC SURGERY RE-EVALUATION: 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.