

Case Number:	CM14-0105261		
Date Assigned:	08/01/2014	Date of Injury:	06/29/2012
Decision Date:	12/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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 Spine Fellowship 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:

According to the records made available for review, this is a 55-year-old male with a 6/29/12 date of injury. At the time (6/11/14) of the Decision for L5-S1 posterior lumbar interbody fusion (PLIF) with instrumentation, iliac crest marrow aspiration/harvesting, with inclusion of possible junctional levels, Front wheel walker purchase, Ice unit purchase, Bone stimulator purchase, Thoracic-Lumbar-Sacral Orthosis (TLSO) purchase, and 3-1 commode purchase, there is documentation of subjective (chronic low back pain) and objective (tenderness over iliac crest and lumbosacral junction, dyesthesia over L5-S1 dermatome, and positive seated nerve root test) findings, current diagnoses (lumbar discopathy and rule out internal derangement of bilateral hips), and treatment to date (physical therapy, activity modification, chiropractic treatment, and medications). Medical report identifies that L5-S1 neural decompression was authorized/certified on 4/22/14; a rationale for fusion identifying that the pars defects on X-Ray is the proof of lumbar instability, which supports the request to complete a fusion; and that the 3/10/14 X-Ray report identified a possible pars defect at L5-S1, which is not definite. There is no documentation of an Indication for fusion (instability (imaging demonstrating 4.5 mm or greater movement) OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 posterior lumbar interbody fusion (PLIF) with instrumentation, iliac crest marrow aspiration/harvesting, with inclusion of possible junctional levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 05/12/2014

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

Decision rationale: MTUS reference to ACOEM identifies documentation of an Indication for fusion (instability OR a statement that decompression will create surgically induced instability OR extending previous fusion to adjacent superior level), as criteria necessary to support the medical necessity of fusion. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy and rule out internal derangement of bilateral hips. In addition, there is documentation that L5-S1 neural decompression was authorized/certified on 4/22/14. However, despite documentation of a rationale for fusion identifying that the par defects on X-Ray is the proof of lumbar instability, which supports the request to complete a fusion; and given documentation that the 3/10/14 X-Ray report identified a possible pars defect at L5-S1, which is not definite, there is no (clear) documentation of an Indication for fusion (instability imaging demonstrating 4.5 mm or greater movement) OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L5-S1 posterior lumbar interbody fusion (PLIF) with instrumentation, iliac crest marrow aspiration/harvesting, with inclusion of possible junctional levels is not medically necessary.

Front wheel walker purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg Procedure Summary last updated 06/05/2014

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.

Ice unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 05/12/2014

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.

Bone stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 05/12/2014

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.

Thoracic-Lumbar-Sacral Orthosis (TLSO) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary last updated 05/12/2014

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 commode purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg Procedure Summary last updated 06/05/2014

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.