

Case Number:	CM14-0106643		
Date Assigned:	08/08/2014	Date of Injury:	01/18/2000
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/09/2014

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 Neurological 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 58 year-old male who was reportedly injured on January 18, 2000. The mechanism of injury is not listed as a slip and fall type event. The most recent progress note dated May 9, 2014, indicates that there are ongoing complaints of neck pain, back pain and right knee pain. The physical examination demonstrated a 511 inch, 244 pound individual reported to be in no acute distress. There was also noted the injured worker was unable to stand erect. A decrease in cervical spine range of motion is reported. A full shoulder range of motion is also noted. A decrease in lumbar spine range of motion is noted. Diagnostic imaging studies noted a spondylolisthesis of approximately 3mm. Previous treatment includes multiple medications, conservative care, physical therapy. A request was made for lumbar fusion and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 lumbar posterior interbody fusion and two day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): (electronically cited).

Decision rationale: When noting the date of injury, the injury sustained, and the most recent physical examination reported, there is no objectification of a fracture, instability, dislocation or infection. Therefore, there is no clinical indication for fusion procedure. Accordingly based on the clinical rationale presented for review and the parameters noted in the American College of Occupational and Environmental Medicine guidelines, there is no medical necessity established for lumbar fusion procedure. Therefore, the request for L4-L5 lumbar posterior interbody fusion and two day inpatient stay is not medically necessary or appropriate.

Acupuncture lumbar spine, twice weekly for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13.

Decision rationale: When noting the date of injury, the injury sustained, the noted spondylolisthesis and the findings on physical examination, a trial of acupuncture would be supported. As noted in the California Medical Treatment Utilization Schedule, a short course of acupuncture should be attempted to establish that there is a possibility reducing the pain medication. Therefore, the request for acupuncture lumbar spine, twice weekly for four weeks is medically necessary and appropriate.

Aqua PT 2x4 for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: When noting the date of injury, the injury sustained, a course of physical therapy is recommended as an optional form of exercise therapy. While noting there is a minor spondylolisthesis, the amount of physical therapy to address his back issue as not been established. Therefore, this is clinically indicated.

Ultram 50 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82,113.

Decision rationale: When noting the date of injury, the injury sustained, the findings on physical examination and the narrative provided, there is no clinical indication of any efficacy or

utility with this second line preparation. As outlined in the California Medical Treatment Utilization Schedule, this is an opioid analgesic that should be combined with other first-line preparation. A competent clinical assessment is not presented as to why this medication is required. Therefore, the request for Ultram 50 mg, sixty count, is not medically necessary or appropriate.

Psyche consult for pre-op clearance-one time psychological clearance for surgical intervention: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op PT 2x4 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: It is noted that the underlying surgical request is not medically necessary. Therefore, postoperative physical therapy is not medically necessary.

Post op medication: Sprix nasal spray 15.75mg 40 units (5 bottles): 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July, 2014

Decision rationale: This is a nasal spray non-steroidal anti-inflammatory medication . As the underlying request for surgical intervention is not medically necessary, this medication is not medically necessary.

Post op medication: Duracef: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical practice standard of care

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG pain chapter) updated July, 2014

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, this postoperative medication is not medically necessary.

Post op medication: Zofran: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG pain chapter) updated July, 2014

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, this postoperative medication is not medically necessary.

Post op medication: Norco: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG pain chapter) updated July, 2014

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, this postoperative medication is not medically necessary.

Post op home health care-duration/frequency to be determined postoperatively: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services P.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, a postoperative home health aide is not medically necessary

Post op nurse care-evaluation by R.N after the first 24 hours that the patient is home or day thereafter: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services P.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, a postoperative home health aide is not medically necessary.

Post op DME: 3 in 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determination Manual

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Home Health Services Page 51 of 1.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, a postoperative durable medical equipment is not medically necessary.

Post op DME: LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, this postoperative piece of durable medical equipment is not medically necessary.

Post op DME: VQ bone growth stimulator: 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), (Neck and Upper Back Chapter)

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

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, this postoperative piece of durable medical equipment is not medically necessary.