

Case Number:	CM14-0010070		
Date Assigned:	02/28/2014	Date of Injury:	12/30/2011
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Mississippi. 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 Physician 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 27 year old female injured on December 30, 2011. The mechanism of injury is noted as a slip and fall. The injured worker is identified as being 4'11" and 205 pounds. The current diagnosis is noted as a lumbar disc displacement. The request for a lumbar fusion procedure was not certified in the preauthorization process. There are ongoing complaints of low back pain. Enhanced imaging studies noted a disc herniation at L5-S1. Conservative measures to include physical therapy have been completed. An independent evaluation noted no evidence of instability, fracture or infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR DECOMPRESSION, RETROPERITONEAL EXPOSURE AND INTERBODY, ARTHRODESIS, LUMBAR 5, SACRAL 1, FOLLOWED BY LUMBAR LAMINOTOMIES AND DECOMPRESSION, LUMBAR 5, SACRAL 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 305-307

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, a fusion procedure is indicated in those instances where there is

instability, infection, tumor or fracture. None of these maladies is noted in this case. This is an individual with a noted disc herniation in the face of comorbidities of morbid obesity and tobacco abuse. A simple laminectomy/discectomy would be supported after appropriate psychiatric evaluation. Therefore, based on the clinical information presented for review, there is insufficient information to support this request.

THREE (3) NIGHT STAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

ASSISTANT SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

LSO BACK BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, 298-301

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

TRANSPORTATION TO THE HOSPITAL AND AT TIME OF DISCHARGE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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