

Case Number:	CM14-0014466		
Date Assigned:	02/28/2014	Date of Injury:	08/20/2013
Decision Date:	08/14/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/05/2014

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 patient is a 56-year-old male with a June 20, 2013 date of injury, when he fell. A November 8, 2013 progress note described no focal neurological deficits. The December 16, 2013 progress note described ongoing low back pain with radiation into the lower extremities. There were complaints of giving away of the legs and dragging the feet, and possible foot drop. Activities of daily living were significantly affected. Clinically, there was reduced range of motion, positive straight-leg-raise (SLR), and reduced sensation at L5-S1. A September 26, 2013 MRI of the lumbar spine revealed at L5-S1 short pedicle configuration; 3mm predominantly right lateral bulging with peripheral annular fissure or tear. At L4-5, there was a 2mm diffuse bulge without central or foraminal stenosis. The January 21, 2014 progress note reviewed medications. Treatment to date has included physical therapy, activity modification, lumbar epidural steroid injection (LESI), bilateral sacroiliac (SI) injections, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Interbody Fusion with Instrumentation, Neural Decompression Iliac Crest Marrow Aspiration/Harvesting and possible Junctional Levels (L4-S1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 307 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter; Fusion.

Decision rationale: Medical necessity for the requested lumbar spine surgery is not established. This request obtained an adverse determination due to lack of clinical findings corroborating the reported foot drop. In addition, there was no description of results from an epidural steroid injection (ESI) at the requested level. The MRI did not reveal significant pathology at this level, correlating with the subjective complaints. These issues have not been addressed. The California MTUS Guidelines state that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. There remains a lack of clinical and imaging evidence, corroborating the subjective complaints. While the reported foot drop is concerning, there must be further investigation regarding these complaints. There are no documented flex/ex films evaluating loss of motion segment integrity. Based on the provided medical records, medical necessity for the requested service is not established. The requested service is not medically necessary.

An Assistant Surgeon: 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: As surgical intervention was not found medically necessary, the associated request is also not substantiated. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Inpatient Stay Post Surgical Period (3-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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested service is not established. The requested service is not 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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Ice 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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Bone Growth Stimulator: 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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested item is not established. The requested item is not medically necessary.

3-in-1 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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Thoracic Lumbar Support Orthotic (TLSO): 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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Medical Clearance: 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: As surgical intervention was not found medically necessary, the associated requests are also not substantiated. Medical necessity for the requested service is not established. The requested service is not medically necessary.