MAXIMUS Federal Services

Case Number:	CM14-0018485		
Date Assigned:	04/18/2014	Date of Injury:	04/19/2013
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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 injured worker is a 58-year-old male who reported an injury on 04/19/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with 2 level lumbar spine disease combined with chronic lumbosacral muscular strain with muscle spasm and bilateral lower extremity radiculopathy. The claimant was evaluated on 04/19/2013. Previous conservative treament includes activity modification and medication management. Physical examination on that date revealed limited lumbar range of motion, weakness in the right lower extremity, mild to moderate weakness in the left ankle, and decreased sensation in bilateral lower extremities. Treatment recommendations at that time included a refill of current medications and authorization for an L4-5 and L5-S1 instrumented fusion with decompression. It is also noted, the patient underwent an MRI of the lumbar spine on 05/30/2013, which indicated moderate spondylosis with disc protrusion at L4-5 and L5-S1 impinging on the left L5 and right S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1, TRANSFORAMINAL LUMBAR INTERBODY FUSION, PSF/PSI: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines (ODG) state preoperative clinical surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of physical and manual therapy interventions, documented spinal instability on x-ray or CT myelogram, and a psychosocial evaluation. As per the documentation submitted, the patient has been previously treated with medication management and activity modification. However, there is no documentation of a failure to respond to physical medicine and manual therapy. There was no documentation of instability upon flexion and extension view radiographs. There is no evidence of a psychosocial evaluation. Based on the aforementioned points, the claimant does not meet criteria for the requested procedure. As such, the request for L4-S1 transforaminal lumbar interbody fusion is not medically necessary and appropriate.

2 DAY IN-PATIENT 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.

LUMBAR 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.

EXTERNAL BONE GROWTH STIMULATOR, PURCHASE: 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.

ONE BOX ISLAND BANDAGES: 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 OP PHYSICAL THERAPY, 3 TIMES A WEEK FOR 6 WEEKS.: 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.