

Case Number:	CM14-0018540		
Date Assigned:	04/18/2014	Date of Injury:	02/05/1998
Decision Date:	07/29/2014	UR Denial Date:	01/24/2014
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 claimant is a 65-year-old male injured on February 9, 1998 sustaining an injury when a significant weighted object cart fell on his low back. This resulted in L4-S1 lumbar fusion with hardware as well as second surgery that included hardware removal with advancement to fusion of the L2-3 and L-4 level. A recent clinical follow-up January 16, 2014 indicated the claimant is now status post L2 through S1 fusion with hardware instrumentation with continued complaints of pain. There are low back complaints with radiating pain to the legs. The physical examination findings showed restricted motor strength at 4/5 to the left hip flexors with negative straight leg raising equal and symmetrical reflexes and significantly diminished range of motion as expected due to the claimant's multilevel fusion procedure. Based on continued complaints of pain and discomfort there is a current request and recommendation for further surgical process to include removal of hardware from the L2-L4 level with further evolution in the claimant's fusion mass. Since the time of injury, the claimant is also status post bilateral hip replacement surgery. Documentation of recent imaging includes a 2013 MRI report of the lumbar spine revealing an L2-3 disc protrusion with prior fusion at multiple levels and no indication of pseudarthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal at l2-l4 with evaluation of fusion mass: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back.

Decision rationale: Based on the MTUS/ACOEM Guidelines and Official Disability Guidelines revision fusion procedure with hardware removal is not indicated. This individual is with no indication of malunion or pseudarthrosis at the L2 through L4 level or indication of hardware failure that would necessitate the role of further intervention in this individual who has now been fused at five levels on multiple occasions. Therefore, the request for hardware removal at L2-L4 with evaluation of fusion mass is not medically necessary and appropriate.

LSO brace: 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 Page(s): 298, 301.

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

Pre-operative 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: 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: 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.

1 day inpatient 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.

Physical therapy, quantity 18: 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.

Chest x-ray: 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.

Pneumatic intermittent compression device: 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.