MAXIMUS Federal Services

Case Number:	CM14-0110056		
Date Assigned:	08/06/2014	Date of Injury:	12/13/2011
Decision Date:	09/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 Spine Surgery and is licensed to practice in Texas. 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 50-year-old female who reported injury on 12/13/2011. The mechanism of injury was a student knocked the injured worker into a door and yanked on her arm injuring her neck, low back, shoulder blades, butt and the back of her thigh. The diagnostic studies were not provided. The medications were noted to include Voltaren XR, Ultram and Flexeril. Prior therapies included epidural steroid injections in the lumbar spine and 1 in the cervical spine. The injured worker was noted to have undergone an MRI of the cervical spine and lumbar spine and x-rays of the lumbar spine and cervical spine. The surgical history included 5 back surgeries. The documentation of 01/24/2014 revealed the injured worker had ongoing symptoms and was having difficulty sleeping at night. There were no objective findings noted. The diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, 307. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, clear clinical, imaging evidence and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from repair and a documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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 in motion in the segment operated on. Electrodiagnostic study findings would not apply for a fusion surgery. The clinical documentation submitted for review indicated the injured worker had a previous MRI, which were not provided for review. There were no physical examination findings or physician note submitted requesting the procedure. There was no rationale for the requested procedure. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for laminectomy, posterior spinal fusion with instrumentation posterolateral interbody fusion at L5-S1 is not medically necessary.

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

Custom molded TLSO 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.

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: 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.

A 5 day inpatient hospital 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.