MAXIMUS Federal Services

Case Number:	CM14-0133596		
Date Assigned:	08/27/2014	Date of Injury:	11/22/2011
Decision Date:	10/08/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 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 records presented for review indicate that this 48 year old male was reportedly injured on November 22, 2011. The mechanism of injury is cumulative trauma. The most recent progress note, dated August 7, 2014, indicates that there were ongoing complaints of knee, neck, and low back pain. The physical examination demonstrated a 5'8", over 200 pound individual in no acute distress, upper extremity strength is listed as 5/5, and deep tendon reflexes are 1+ and intact. Diagnostic imaging studies objectified lumbar spine disc desiccation and no specific herniation or nerve root encroachment. The degenerative changes are noted in the wrist MRI and cervical spine MRI. Treatment to date has included multiple medications, transcutaneous electrical nerve stimulation (TENS), and pain management interventions. A request was made for lumbar fusion surgery and was not certified in the preauthorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar decompression fusion L4 - S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: When noting the date of injury, the reported mechanism of injury, and the findings on physical examination, the treatment to date and the current medications being

employed tempered by the parameters noted in the Medical Treatment Utilization Schedule (MTUS), these is no clinical indication of stability, infection, or other parameters to support a lumbar fusion. Therefore, based on the clinical information presented this is not medically necessary.

In patient hospital stay four 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

(PTT) prothrombin time (PT), Complete blood count (CBC), basic metabolic panel (BMP),: 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.

Urinalysis (UA): 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 (CXR),: 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.

electrocardiogram (EKG): 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.