

Case Number:	CM14-0140090		
Date Assigned:	09/08/2014	Date of Injury:	05/10/2012
Decision Date:	11/07/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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, is Fellowship trained in 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 63 year old male who was injured on 05/10/12 while lifting 80 pound box. The injured worker complained of low back pain radiating to the hips and right shoulder pain. Prior treatment included physical therapy and multiple epidural steroid injections which provided temporary relief only. The injured worker underwent prior lumbar decompression on 09/30/13 which was followed by physical therapy. MRI of the lumbar spine dated 04/28/14 noted a recurrent 6mm right paracentral disc protrusion at L4-5 contributing to right lateral recess stenosis and mass effect in traversing left L5 nerve root. Post-operative changes were noted at L4-5 with associated facet degenerative changes and mild moderate right and moderate left neural foraminal stenosis. At L3-4 there was a 3-4mm broad based disc bulge primarily to the left contributing to moderate left and mild right neural foraminal stenosis. Other smaller disc bulges were noted at L1-2 L2-3 and L5-S1. Clinical record from 07/09/14 noted injured worker had persistent pain with lumbar spine in the low back with any extension and radiating symptoms into the lower extremities. Physical examination noted tenderness to palpation in the lumbar spine within the paravertebral musculature. Straight leg raise signs were reported as positive and there was limited range of motion in the lumbar spine. Numbness and tingling was described in L4 and L5 dermatomal distribution with weakness in the lower extremities noted right worse than left. The injured worker had notable foot drop in the feet. There was recommendation for stabilization and decompression at L3 through L5 with posterior lumbar interbody fusion and instrumentation. Surgical requests along with inpatient hospital stay and DME was denied on 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 posterior lumbar interbody fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment In Workers Compensation (TWC), Low Back Procedure Summary (updated 07/03/2014)

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

Decision rationale: Based on clinical documentation submitted for review this reviewer would not recommend the proposed lumbar decompression and fusion with posterolateral interbody fusion and instrumentation from L3 through L5 as medically necessary. According to the current evidence based guideline recommendations for lumbar fusion note limited evidence for long term efficacy to address lumbar spondylosis. There was no evidence of motion segment instability at either L3-4 or L4-5 that would support surgical intervention. No flexion/extension films were available for review. There was also no documentation for pre-operative psychological evaluation ruling out any confounding issues which could possibly impact post-operative recovery. Therefore, the request is not medically necessary.

Inpatient stay 2-3 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Front wheeled 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.

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

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

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