

Case Number:	CM14-0178391		
Date Assigned:	10/31/2014	Date of Injury:	09/19/2008
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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 Surgeon 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 65-year-old female who reported an injury on 09/19/2008. The mechanism of injury was not stated. The current diagnoses include status post lumbar posterior fusion and decompression, history of depression, insomnia, and respiratory depression. The injured worker was evaluated on 10/02/2014 with complaints of severe pain. Previous conservative treatment is noted to include medication management and physical therapy. The physical examination revealed significant lower extremity pain radiating from the thigh into the lower extremities, difficulty ambulating, diminished strength in the quadriceps bilaterally, diminished sensation in the L3 and L4 distribution, and normal reflexes. Treatment recommendations at that time included an extension of the fusion up to the L1 level, and a total laminectomy at L2-3. There was no Request for Authorization form submitted for this review. The injured worker underwent an MRI of the lumbar spine on 09/27/2014, which revealed evidence of an interval posterior and interbody fusion at L3-S1 with surgical hardware in place and a central L2-3 disc herniation with cephalic extrusion of disc material into the midline sub ligamentous space. The injured worker also underwent electrodiagnostic studies on 05/05/2014, which revealed S1 radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Fusion L1-2: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening. As per the documentation submitted, there was no evidence of documented instability upon flexion and extension view radiographs. There was also no mention of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the request is not medically appropriate at this time.

Laminectomy L2-3: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there is evidence of an attempt at conservative treatment in the form of medication management and physical therapy. However, there is no mention of a trial with epidural steroid injection. There is also no documentation of radiculopathy in a specific dermatomal distribution. Based on the clinical information received, the request is not medically appropriate at this time.

Associated surgical service: hospital stay (x3 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.

Associated surgical service: surgical assistant: 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.

Associated surgical service: 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.

Associated surgical service: labs (CBC,CMP,PTT,PT,INR, UR, Nares Culture for MRSA, 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.

Associated surgical service: Low profile lumbar 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.

Associated surgical service: DJO bone growth 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.