MAXIMUS Federal Services

Case Number:	CM14-0025927		
Date Assigned:	06/13/2014	Date of Injury:	06/18/2013
Decision Date:	08/22/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 New York. 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:

This case involves a female patient with a date of injury of June 18, 2013. Her diagnosis includes chronic low back pain. She has failed conservative measures including activity modifications, physical therapy and pain management. The patient has undergone a previous lumbar decompression and injections. Physical examination shows lumbar spine tenderness with painful motion, positive straight leg raise, and dysesthesias at L5 and S1 dermatomes. The patient had an MRI of the lumbar spine which revealed L4-5 arthritic changes and L5-S1 disc degeneration with 3 mm of retrolisthesis. She has been recommended for L4-S1 posterior lumbar interbody fusion with reduction of spondylolisthesis and realignment of junctional kyphotic deformity. The issue is whether an ice unit after surgery and medical clearance with an internist prior to surgery are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICE UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, LOW BACK COMPLAINTS, 155.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:ODG low back pain.

Decision rationale: There is no literature that indicates that an ice unit after lumbar spine surgery improves a patient's functional outcome. Established guidelines do not recommend an ice unit at the time of a lumbar spine surgery. The use of an ice unit after lumbar surgery remains experimental at this time therefore, the request is not medically necessary.

MEDICAL CLEARANCE WITH INTERNIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Guidelines for Cardiovascular evaluation and care for noncardiac surgery. http: circ.ahajournals.orgb)After a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: The medical records do not indicate that the patient has significant medical comorbidities that would warrant an evaluation by an internist. While the patient should have appropriate preoperative testing labs, a preoperative medical evaluation by an internist is not medically necessary.