MAXIMUS Federal Services

Case Number:	CM14-0027685		
Date Assigned:	03/07/2014	Date of Injury:	08/03/2010
Decision Date:	04/22/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

Patient is a 63-year-old male with an industrial injury on 8/3/10. MRI from 5/13/13 demonstrates diffuse disc bulges were present mildly at L4-5, L304 and L2-3. Exam notes from 9/19/13 demonstrate patient is in pain in a classic L5 distribution. Physical exam revealed no obvious neurological deficits when tested in the seated position. The patient experiences a foot drag when walking for some distance, suggesting L5 myotomal weakness. Exam notes from 1/7/14 the patient is still complaining of back pain. Treatment to date includes medications, physical therapy and radiofrequency ablation. Exam notes from 1/23/14 demonstrate patient feels his condition is getting worse and deteriorating in his lumbar spine with weakness in the left lower extremity. Physical exam shows lumbar parapinal tenderness with a decrease in range of motion. Pain distribution is down the buttock and left lower extremity to the posterolateral aspect of the thigh radiating down to the big toe. Decreased pinprick was noted in an L5 distribution. He cannot heel or toe walk bilaterally. Motor weakness is noted 4/5 to the foot dorsiflexors and great toe extensors. MRI from 2/18/14 demonstrates degenerative disc disease at L4-5 with posterior disc bulging or mild disc protrusion being more prominent on the left. This does not appear to result in significant spinal stenosis or foraminal narrowing. Mild disc bulging is noted at other levels without significant spinal stenosis or foraminal narrowing. Request is for L4-S1 transforaminal lumbar instrumented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 TRANSFORAMINAL LUMBAR INSTRUMENTED FUSION.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: In this case there is no evidence in the records of instability or significant spinal stenosis in the claimant's spine to warrant lumbar fusion per the ACOEM/ODG recommendations. Therefore determination is for non-certification.

X-RAY OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for X-ray of lumbar spine is not medical necessary and non-certified.

CHEST X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for chest x-ray is not medical necessary and non-certified.

ELECTROCARDIOGRAM (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for EKG is not medical necessary and non-certified.

LABS TO INCLUDE COMPREHENSIVE MEDICAL CHECKUP(CMC), BASIC METABOLIC PANEL(BMP), PROTHROMBIN TIME/PARTIAL THROMOPLASTIN TIME (PT/PTT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for labs is not medical necessary and non-certified.

POST -OP BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307-308. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

Decision rationale: As the surgical procedure is non-certified as not medically necessary then the decision for postop brace is not medical necessary and non-certified.