

Case Number:	CM14-0028662		
Date Assigned:	06/16/2014	Date of Injury:	10/16/2003
Decision Date:	07/29/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 62 year-old male who is reported to have sustained work related injuries on 10/16/03. The mechanism of injury is not described. The records indicate the injured worker has undergone lumbar fusion at L4/5 and L5/S1. The injured worker clinically has a failed back surgery syndrome. The records note two previous surgical evaluations (09/09/13 and 11/26/13). These surgeons recommended against additional surgical intervention. There was a subsequent recommendation for spinal cord stimulation. CT scan of the lumbar spine done on July 12, 2013 demonstrates previous spinal fusion surgery at L4-5, L5-S1 with posterior rod/screw apparatus. There is interbody disc apparatus at L4-5, L5-S1. The hardware appears intact. There is no evidence for fracture or loosening. The grafts across L4-5, L5-S1 appear solid and satisfactory. There are postsurgical bony soft tissue changes at the level of the previous surgery. There is discogenic disease in the upper levels of the lumbar spine and vacuum phenomena present at L2-3 and L3-4. This injured worker was seen by treating physician on November 26, 2013, at which time the treating physician reviewed the MRI of the lumbar spine, dated November 6, 2013 including electrodiagnostic evaluation of the lower back and lower extremity by treating physician who made a diagnosis of chronic lumbar strain, status post lumbar fusion-L4 to sacrum, chronic, pain syndrome, bilateral nerve root irritation with normal electromyography (EMG) and stated this patient's current complaints are multifactorial in origin. The injured worker had undergone an updated MRI, which shows some stenosis at L3-4 and the treating physician did not believe that is contributing to the pain or leg complaints, and further stated that this patient will be a candidate for trial of spinal cord stimulation and also stated in his medical opinion, the injured is not a candidate for further spinal surgery. The records indicate that the injured worker has continued subjective complaints and remains on oral medications. The

injured worker has declined further injections despite having benefit. There is no indication of recent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION AT LEFT L1-2, L2-3 AND BILATERAL L3-4 AND REVISION DECOMPRESSION AT BILATERAL L4-5 AND L5-S1 WITH COSURGEON, 2-DAY INPATIENT LENGTH OF STAY: 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): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy.

Decision rationale: The submitted clinical records indicate the injured worker suffers from a failed back surgery syndrome. He is status post L4-S1 fusion. Records suggest the development of adjacent segment disease at L3/4. The clinical notes suggest that the initial intent was to extend the fusion to the L3/4 level. The records indicate that per evaluation by other surgeons the injured worker was not opined to be a candidate for further surgery. There was a recommendation for a Spinal Cord Stimulator versus additional surgery. Given the protracted nature of the injured workers treatment a preoperative psychiatric evaluation is required under MTUS and Official Disability Guidelines and should be performed prior to the request for surgical intervention. Therefore, given the current clinical information the request is not supported as medically necessary.

PREOPERATIVE CLEARANCE WITH INTERNAL MEDICINE: 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.

PHYSICAL THERAPY POSTOPERATIVELY 12 SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS: 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.

COMMODE 3-IN-1: 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.

STANDARD 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.

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.

HOME HEALTH CARE 2 HOURS A DAY, 6 DAYS A WEEK FOR 2 WEEKS: 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.

PREOPERATIVE PSYCH CLEARANCE: Overturned

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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Psychiatric Clearance.

Decision rationale: The request for preoperative psychiatric clearance is recommended as medically necessary. The injured worker is being evaluated for surgical intervention. American College of Occupational and Environmental Medicine recommends preoperative psychiatric clearance to assess the workers suitability for spinal surgery. As such, the medical necessity of this request is established.