

Case Number:	CM14-0030396		
Date Assigned:	07/18/2014	Date of Injury:	03/11/1998
Decision Date:	09/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 44-year-old male who reported an injury on 03/11/1998. The mechanism of injury was not stated. Current diagnoses include cervical/lumbar discopathy, cervicgia, bilateral shoulder internal derangement, cubital tunnel syndrome, and bilateral carpal tunnel syndrome. The injured worker was evaluated on 01/20/2014 with complaints of ongoing lower back pain. Previous conservative treatment includes activity modification, physical therapy, and medication management. Physical examination of the lumbar spine revealed tenderness across the iliac crest into the lumbosacral spine, guarded and restricted range of motion, progressive neurological deficit, and a radicular pain component in the lower extremities. The injured worker was administered a subacromial injection into the left shoulder. Treatment recommendations included surgical intervention at the levels of L4-S1. It is also noted that the injured worker underwent an MRI of the lumbar spine on 06/25/2013, which indicated mild to moderate disc desiccation at L3-S1 with broad based disc bulging and moderate bilateral neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Posterior Lumbar interbody fusion with instrumentation; neural decompression and iliac crest marrow aspiration/harvesting possible junctional levels.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back- Lumbar and Thoracic.

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: 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 a failure of conservative treatment. Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment to include medication management, physical therapy, and activity modification. Physical examination does reveal restricted and guarded range of motion with a radicular pain component and neurological deficit. However, there is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of the completion of a psychosocial screening. Based on the clinical information received, the request is not medically necessary.

3 day in patient hospital stay: 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.

One assistant Surgeon: 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 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 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 Wheel 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.

Thoracolumbosacral Orthosis (TLSO) 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.

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.