

Case Number:	CM14-0030750		
Date Assigned:	06/20/2014	Date of Injury:	08/23/2012
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/11/2014

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 and 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 46-year-old male who reported an injury on 8/23/12. The mechanism of injury was not specifically stated. Current diagnoses include L3-4 severe collapsed disc joint, L3-4 dextroscoliosis, and status post successful treatment of left radiculopathy with a recent laminectomy. The injured worker was evaluated on 4/29/14. The injured worker was status post L4 through S1 laminectomy on 6/11/13. Physical examination on that date revealed negative straight leg raising, negative Lasegue's sign, negative Waddell's sign, intact sensation, 5/5 motor strength, absent Achilles reflex on the left, and hypoesthesia over the great toe on the left. Treatment recommendations at that time included a global fusion at L3-4. It is noted that the injured worker underwent a CT scan of the lumbar spine on 12/9/13, which indicated left-sided osteophytes encroaching into the inferior neural foramen at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior-posterior lumbar fusion and decompression left L3-L4: 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.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitations for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability on x-ray or CT myelogram, spine pathology that is limited to two levels, and a psychosocial screening. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a surgical procedure. There is no evidence of a psychosocial screening completed prior to the request for a lumbar fusion. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.

Surgical 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.

Pre-operative laboratory work: 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.

Electrocardiogram (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.

Chest X-Ray: 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.

Back 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.

Bone stimulator purchase versus rental unknown: 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.