

Case Number:	CM14-0032910		
Date Assigned:	06/20/2014	Date of Injury:	11/07/2005
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurological 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:

The injured worker is a 53-year-old female injured on November 7, 2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of neck pain, back pain, and altered gait pattern. The physical examination demonstrated decreased lumbar range of motion and a well-healed surgical scar on the neck. Diagnostic imaging studies were referenced but not presented. Previous treatment included total hip arthroplasty, cervical spine surgery, physical therapy, aquatic therapy and other interventions. A request had been made for lumbar fusion surgery and associated tasks and was not certified in the pre-authorization process on February 11, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for L4-L5 interbody fusion and posterior instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Based on the date of injury, noting the injury sustained, the past treatments, no competent objective or independently confirmable medical evidence of a fracture, instability

or infections, and as outlined in the American College of Occupational and Environmental Medicine guidelines, there was no clinical indication for a lumbar fusion procedure. As such, when noting the standards outlined in the guidelines and the lack of clinical information establishing the parameters for a fusion, this is not medically necessary.

Request for assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Request for 2-3 day inpatient stay.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Request for preop medical clearance.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.