

Case Number:	CM14-0034259		
Date Assigned:	06/20/2014	Date of Injury:	09/07/2012
Decision Date:	07/24/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old female who was reportedly injured on September 7, 2012. The mechanism of injury was a fall. The most recent progress note, dated March 4, 2014, indicated that there were ongoing complaints of low back pain rated at 8/10. There was stated to be decreased sensation on the left lower extremity. The physical examination demonstrated painful range of motion of the lumbar spine. Muscle strength was rated at 5/5. Sensation was intact, and deep tendon reflexes were 2+. There was a positive left sided straight leg raise and a mildly antalgic gait. Medications prescribed were oxycodone, Ultram, Lidoderm patches and fentanyl patches. The remainder of the treatment plan was difficult to read. A request had been made for an anterior lumbar interbody fusion from L4 through S1, a two-day inpatient stay, vascular surgeon assistance, and a consultation prior to surgery and was not certified in the pre-authorization process on March 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar interbody fusion, L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 4th Edition (2004) -p.308-310 Link: <http://apg-1.acoem/browser/ViewRecomendation.aspxrem=1446> Official Disability Guidelines (ODG) -

TWC, Intergrated treatment/Disability Duration Guidelines Low back - Lumbar & Thoracic (Acute & Chronic).

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar fusion, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, a one or two level lumbar fusion is indicated for segmental instability, degenerative spondylolisthesis or primary mechanical back pain which shows progressive degenerative changes and loss of disc height and disc loading capability. The magnetic resonance imaging (MRI) of the lumbar spine dated January 24, 2014, did not show progressive degenerative changes in relation to a previous MRI or loss of disc height. As the injured employee does not have indications for a two level lumbar interbody fusion, this request for an anterior lumbar interbody fusion from L4 to S1 is not medically necessary.

Two days inpatient: Upheld

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 - Lumbar & Thoracic (Acute & Chronic), Hospital length of stay, updated July 3, 2014.

Decision rationale: As the previous request for a lumbar interbody fusion is determined not to be medically necessary, this request for a two-day inpatient stay is also not medically necessary.

Vascular Surgeon: Upheld

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 - Lumbar & Thoracic (Acute & Chronic), Assistant surgeon, Updated July 3, 2014.

Decision rationale: As a request for a lumbar interbody fusion has been determined not to be medically necessary, this request for an assistant surgeon is also not medically necessary.

Consult prior to surgery: Upheld

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 - Lumbar & Thoracic (Acute & Chronic), Pre-op, general, Updated July 3, 2014.

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