

Case Number:	CM14-0034376		
Date Assigned:	04/09/2014	Date of Injury:	11/09/2011
Decision Date:	06/30/2014	UR Denial Date:	03/10/2014
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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 68-year-old female who was injured in a work related accident on November 9, 2011 sustaining an injury to her low back. The clinical records available for review include previous electrodiagnostic studies from October 28, 2013 to the bilateral lower extremities showing evidence of a suggestive S1 radicular process. Recent clinical follow-up with [REDACTED] of January 24, 2014 indicated continued low back and bilateral lower extremity complaints stating current use of medications and topical creams have not been effective nor has physical therapy. Reviewed is a November 30, 2013 lumbar MRI that showed multilevel disc protrusion with evidence of a prior L1 vertebral body compression fracture. There was multilevel disc desiccation. There was no indication of an acute compressive pathology. Scan demonstrated prior evidence of T12-L1, L1-L2 fusion with hardware. The claimant's physical examination at that time revealed weakness with left quadriceps anterior tibialis, EHL and peroneus longus strength at 4/5. Based on failed conservative care, multilevel decompressive procedure was recommended at the L2-3, L3-4 and L4-5 levels in the form of decompression, laminectomy and foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SURGERY: LEFT SIDED L2-3, L3-4, L4-5 DECOMPRESSION, LAMINOTOMIES, AND FORAMINOTOMIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, the role of three level decompressive procedures to the lumbar spine would not be indicated. The clinical records for review fail to demonstrate clinical correlation between the claimant's clinical examination findings and imaging. When taking into account electrodiagnostic studies, they are only positive at the S1 level (a level for which surgery is not being recommended) the specific request for multilevel decompression from L2 through L5 would not be indicated.

1-2 DAYS INPATIENT 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.

OFF-THE-SHELF LUMBAR ORTHOTIC 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.

PRE-OPERATIVE INTERNAL MEDICINE CLEARANCE: 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.

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.

24 VISITS OF POST-OPERATIVE PHYSICAL THERAPY (PT): 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.

DURABLE MEDICAL EQUIPMENT (DME): FRONT WHEELED 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 EVALUATION: 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.