MAXIMUS Federal Services

Case Number:	CM14-0035517		
Date Assigned:	07/23/2014	Date of Injury:	07/25/2007
Decision Date:	09/08/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Surgeon 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 52-year-old male who reported an injury on July 25, 2007 after being hit by a forklift. The injured worker sustained multiple injuries including an injury to the low back. The injured worker's treatment history included multiple medications, epidural steroid injections, physical therapy, and a spinal cord stimulator in the right anterior abdominal area. The injured worker underwent an MRI on May 08, 2012 that documented there was minimal central canal stenosis of the L4-L5 and bilateral lateral recess stenosis at the L4-5 secondary to a broad-based disc bulge, and a disc bulge at the L3-4 causing minimal to mild central canal stenosis and minimal to mild bilateral neural foraminal stenosis. The injured worker also had a disc bulge at the L5-S1 resulting in mild bilateral lateral recess stenosis. The injured worker was evaluated on February 05, 2014. It was documented that the injured worker with continued low back pain radiating into the bilateral lower extremities. Physical findings included decreased range of motion with a positive straight leg raising test and decreased sensation in the L4-5 dermatomal distribution with intermittent decreased patellar reflexes. The injured worker's diagnoses included sprain/strain of the lumbar spine, radiculitis of the lumbar spine, displacement of the lumbar spine, disc bulging at the L3-4 and L4-5, and post insertion of a spinal stimulator. The injured worker's treatment recommendations included CT scan and follow-up with the injured worker's treating provider. Anterior posterior lumbar fusion from the L3-S1 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior posterior Lumbar Fusion L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Fusion notes.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The requested anterior posterior lumbar fusion from L3-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery when there is documented evidence of instability. The clinical documentation submitted for review does indicate that the injured worker has multilevel pathology. However, the injured worker's most recent clinical documentation does not provide severe lower extremity symptoms consistent with dermatomal distributions for the L3, L4, L5, and S1. Therefore, a multilevel fusion surgery would not be indicated in this clinical situation. Furthermore, the American College of Occupational and Environmental Medicine recommend psychological evaluation prior to spinal surgery. The clinical documentation submitted for review fails to provide any evidence that the injured worker has undergone any type of psychological evaluation to determine if the injured worker is an appropriate candidate for this type of surgery. As such, the requested anterior posterior lumbar fusion at the L3-S1 is not medically necessary or appropriate.

3 day 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

Commode chair: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

ISO sag-coronal panel custom: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

Osteogenesis 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

Consultation with 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 cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.