

Case Number:	CM14-0038720		
Date Assigned:	08/01/2014	Date of Injury:	04/07/2003
Decision Date:	09/17/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 New York. 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 patient is 54 years old with a date of injury of April 7, 2003. The patient has chronic low back pain. The patient has had extensive lumbar surgery on multiple occasions and still has back pain. She also complains of neck pain. On physical examination she has an antalgic gait and walks with a cane. She has atrophy in the left side. She has no tenderness to palpation of the lumbar muscles. There is weakness of the hip flexors. There is some weakness and knee flexors ankle dorsiflexors. CT scan of the lumbar spine from February 2014 shows L3 for no evidence of disc herniation or canal stenosis. The same is true at L4-5, L5-S1 and L2-3. There are posterior surgical changes with fixation devices at L3, L4 and L5. The patient is also had an L3-4 corpectomy with anterior interbody fusion. There is posterior spinal instrumentation and bilateral foraminotomies and laminectomies performed from L3-S1. At issue is whether patient requires additional decompressive surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 Laminotomy and foraminotomy: 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): 305-307.

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery. Specifically, there is no documentation between imaging and the patient's physical examination showing specific compression of the nerve root and corresponding radiculopathy on physical examination related to that particular nerve root. In addition, the medical records do not document a recent trial and failure conservative measures to include physical therapy. Also, the patient has had multiple lumbar surgeries. The patient has had previous decompression and fusion surgery at multiple levels. The patient has instrumentation from L3-S1. There is no evidence of failure fusion, there is no evidence of failure hardware, and there is no evidence of recurrent severe spinal stenosis. Physical examination does not correlate with imaging studies showing specific compression with radiculopathy. Criteria for lumbar decompressive surgery not met. Also, the patient does not have any red flag indicators for spinal decompressive surgery such as progressive neurologic deficit, fracture, or tumor.

LSO Brace: 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 Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.also, ODG criteria do not recommend bracing for degenerative low back pain.

Pneumatic Intermittent Compression Device: 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.

Post Operative Physical Therapy 3 times a week for 6 weeks: 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.

Cold Therapy unit rental for 30 days: 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.

Inpatient Stay 1 day: 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.