

Case Number:	CM14-0039314		
Date Assigned:	08/01/2014	Date of Injury:	04/04/2008
Decision Date:	09/09/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 61-year-old female who reported an injury on 04/04/2008. The mechanism of injury was not specifically stated. Current diagnoses include low back pain, status post spinal cord stimulator placement, limited mobility, chronic depression and difficulty sleeping. The injured worker was evaluated on 11/21/2013 with complaints of persistent pain. The injured worker also reported radiation into the left lower extremity, causing a burning sensation. The current medication regimen includes methadone, Roxicodone, Zanaflex, Lyrica and Celebrex. Physical examination revealed noticeable scoliosis, a right pelvic drop, localized tenderness in the bilateral sacroiliac joints, positive straight leg raise on the left, diminished strength and decreased sensation in the left L3-S1 distributions. Treatment recommendations included a lumbar decompression and spinal fusion with removal of the spinal cord stimulator. It is noted that the injured worker underwent a CT scan of the lumbar spine on 12/13/2013, which indicated a posterior fusion of the lumbar spine extending from L3-S1 with laminectomy of L4 on L5, neural foraminal narrowing at L5-S1 and mild impingement of the exiting nerve root on the left L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remove instrumentation from L3-S1, explore the fusion, possible redo laminectomy and possible redo posterior spinal fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal), Hardware implant removal.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging and electrophysiological evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state that preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There was no evidence of spinal instability upon flexion and extension view radiographs. There are no imaging findings demonstrating a failure of hardware fusion or evidence of mechanical impingement of hardware. Additionally, the Official Disability Guidelines only recommend a spinal fusion for spine pathology that is limited to 2 levels. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

Surgical assistant: 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.

2 day 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.

Post-op physical therapy 3x6 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.

Lumbar 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.

1 box island bandage: 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.