

Case Number:	CM14-0039673		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2010
Decision Date:	12/30/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/04/2014

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 Surgery, 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 35-year-old female who reported an injury on 02/21/2010. The mechanism of injury was the injured worker was pushing a cart and developed low back pain. Pain medications were noted to include Nabumetone and Tizanidine. The documentation indicated the injured worker underwent a nerve conduction study and EMG studies on 01/10/2014, which were within normal limits. The injured worker underwent an MRI on 01/09/2014, which revealed at L4-5, there was a broad based disc protrusion measuring 3 mm without canal or central or foraminal compression. At L5-S1, there was a 6 mm broad based disc protrusion with mild to moderate bilateral neural foraminal stenosis. Prior treatments included [REDACTED] weight loss program. The documentation of 02/19/2014 revealed the injured worker had persistent low back pain with radiation into the buttocks. There was intermittent numbness in the right thigh and the lower extremity with cramping into the toes of the right foot. The pain was aggravated with prolonged standing and walking and when lying down. The physical examination revealed tenderness, especially in the midline area. Range of motion was limited and painful. The injured worker underwent an x-ray of the lumbar spine, which revealed severe disc narrowing with endplate and vertebral changes at L5-S1 with spurring anteriorly and neural foraminal narrowing. The diagnoses included lumbar spine sprain/strain with 5 mm right paracentral disc protrusion at L5-S1 resulting in mild right lateral recess stenosis and slight compression of the traversing S1 nerve root. Additionally, the injured worker was noted to have urinary incontinence. The injured worker was noted to have instability at L5-S1. The treatment plan included surgical intervention of an anterior and posterior decompression and fusion, 3 to 5 days in the hospital, preoperative consultation, postoperative physical therapy, postoperative Lyrica, postoperative LSO brace, postoperative bone graft stimulator, cold unit, front wheeled walker and a grabber, and elevated toilet seat, and combo care 4 stimulation unit, and purchase

of a DVT MAX unit for home use postoperatively. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 anterior and posterior decompression and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The injured worker is a 35-year-old female who reported an injury on 02/21/2010. The mechanism of injury was the injured worker was pushing a cart and developed low back pain. Pain medications were noted to include Nabumetone and Tizanidine. The documentation indicated the injured worker underwent a nerve conduction study and EMG studies on 01/10/2014, which were within normal limits. The injured worker underwent an MRI on 01/09/2014, which revealed at L4-5, there was a broad based disc protrusion measuring 3 mm without canal or central or foraminal compression. At L5-S1, there was a 6 mm broad based disc protrusion with mild to moderate bilateral neural foraminal stenosis. Prior treatments included Lindora weight loss program. The documentation of 02/19/2014 revealed the injured worker had persistent low back pain with radiation into the buttocks. There was intermittent numbness in the right thigh and the lower extremity with cramping into the toes of the right foot. The pain was aggravated with prolonged standing and walking and when lying down. The physical examination revealed tenderness, especially in the midline area. Range of motion was limited and painful. The injured worker underwent an x-ray of the lumbar spine, which revealed severe disc narrowing with endplate and vertebral changes at L5-S1 with spurring anteriorly and neural foraminal narrowing. The diagnoses included lumbar spine sprain/strain with 5 mm right paracentral disc protrusion at L5-S1 resulting in mild right lateral recess stenosis and slight compression of the traversing S1 nerve root. Additionally, the injured worker was noted to have urinary incontinence. The injured worker was noted to have instability at L5-S1. The treatment plan included surgical intervention of an anterior and posterior decompression and fusion, 3 to 5 days in the hospital, preoperative consultation, postoperative physical therapy, postoperative Lyrica, postoperative LSO brace, postoperative bone graft stimulator, cold unit, front wheeled walker and a grabber, and elevated toilet seat, and combo care 4 stimulation unit, and purchase of a DVT MAX unit for home use postoperatively. There was no Request for Authorization submitted to support the request.

Associated surgical services: 3-5 day inpatient stay for post lumbar surgery: 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.

Associated surgical service: Assistant Surgeon for the lumbar surgery: 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.

Associated surgical service: 2 units of autologous blood donation: 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.

Associated surgical service: Postoperative physical therapy for 32 visits for the lumbar spine: 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.

Associated surgical service: Postoperative narcotic medications (unspecified): 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.

Associated surgical service: Postoperative prescription of Lyrica: 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.

Associated surgical service: Postoperative Lumbar-Sacral Orthosis (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 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.

Associated surgical service: Postoperative bone graft 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Postoperative cold unit for the lumbar spine: 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.

Associated surgical service: Postoperative 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.

Associated surgical service: Postoperative grabber: 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.

Associated surgical service: Postoperative elevated toilet seat: 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.

Associated surgical service: Postoperative combo care 4 stimulation unit: 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.

Associated surgical service: Postoperative purchase of a deep vein thrombosis (DVT) Max unit: 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.