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| Case Number: | CM14-0045201 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/17/1997 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 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 74-year-old female who reported injury on 03/17/1997. Prior therapies included physical therapy, medications, and epidural steroid injections. The mechanism of injury was noted to be a fall. The documentation of 02/13/2014 revealed the injured worker complained of lower lumbar and severe debilitating right leg pain, numbness, tingling, and occasional weakness secondary due to degenerative scoliosis with extensive degenerative disc disease and spondylotic radiculitis. The injured worker noted that she previously had not utilized a cane and now she had started having to use 1. The physical examination revealed tenderness that was markedly elicited upon palpation in the midline at the level of the iliac crest superior and inferior, as well as the right lumbosacral area and right buttocks. The sitting straight leg raise was positive bilaterally. Right greater than left for back and leg pain. The bilateral lower extremity evaluation revealed diminished sensation to light touch in the L5 and S1 dermatomes. There were no motor deficits on the examination. It was indicated there were no new plain radiographs and that the injured worker had a previous MRI. The diagnoses included degenerative scoliosis with end stage degenerative disc disease L2-3, L3-4, L4-5, and L5-S1. The treatment plan included an anterior lumbar interbody fusion by direct lateral approach L2-3, L3-4, L4-5 w/peek interbody cage & bone graft substitute & posterior percutaneous pedicle screw fixation L2-3, L3-4, L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion by direct lateral approach L2-3,L3-4, L4-5 w/peek interbody cage & bone graft substitute & posterior percutaneous pedicle screw fixation L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305,307,310. 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): 305-307.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment. The clinical documentation submitted for review failed to provide an Electromyography (EMG)/Nerve Conduction Velocity (NCV) or MRI submitted for review. The injured worker had clear clinical objective findings. There was documentation of activity limitations and there was documentation of a failure of conservative treatment. Given the above, the request for anterior lumbar interbody fusion by direct lateral approach L2-3, L3-4, L4-5 with peek interbody cage and bone graft substitute and posterior percutaneous pedicle screw fixation L2-3, L3-4, and L4-5 is not medically necessary.

2 day inpatient stay: 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, Hospital Length of Stay Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

Preoperative medical 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

Postoperative rehabilitation at [REDACTED] for 7 days (lives alone): 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 injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

Home health nursing after patient leaves [REDACTED] for 14 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.