

Case Number:	CM14-0048217		
Date Assigned:	08/08/2014	Date of Injury:	06/28/2012
Decision Date:	09/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 51-year-old female, who reported injury on 06/18/2012. The mechanism of injury was not provided. The previous surgical history included an L5-S1 discectomy in 10/2012. The injured worker was noted to have an EMG/NCV with an unofficial read, which revealed axonal polyneuropathy and right meralgia paresthetica; right concomitant S1 radiculopathy was to be ruled out. The prior therapies were not provided. The documentation of 03/13/2014 revealed the injured worker had a discogram that showed concordant pain at L4-L5 and L5-S1, with leakage and negative control. The documentation indicates, per the physician's opinion, the discs looked abnormal on MRI scan at those levels and the discogram at those levels was positive for concordant pain and, as such, it was opined the injured worker was an excellent candidate for an anterior posterior fusion. The documentation indicated the injured worker failed all conservative treatments. The physical examination revealed pain with extension and rotation. There was 1+ pulse. The injured worker had decreased range of motion and decreased sensation at L4, L5, and S1 nerve root distributions and to a lesser extent the L4 nerve root distribution. There was no L4 reflex. The injured worker had positive paraspinal spasm and sciatic notch pain. The injured worker had restricted range of motion due to pain. The diagnoses included disc degeneration of the lumbar spine, facet arthropathy, and status post discogram with concordant pain at L4-L5 and L5-S1. The treatment plan included an anterior posterior lumbar fusion at L4-5 and L5-S1, as well as 2 assistant surgeons, a 2-3 day inpatient stay, preoperative laboratory tests, an EKG, chest x-ray, preoperative clearance, a DME LSO back brace, a walker, a commode, postoperative outpatient physical therapy 2 times a week for 4 weeks, and postoperative in-home physical therapy 2 times a week for 4 weeks. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR POSTERIOR LUMBAR FUSION @ L4-5, L5-S1 (TO BE PERFORMED @ [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, 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 a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treatment of any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had objective findings at L4 and L5 per the discogram. However, there was a lack of documentation indicating the injured worker had motion in the segment to be operated on. There were no x-rays, including extension and flexion studies, to support instability. Additionally, there was no official reading for the discogram provided in the review. The MRI that was referred to was not provided for review. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. An electrodiagnostic study would not be applicable in the case of a posterior fusion. Given the above, the request for 1 Anterior Posterior Lumbar Fusion @ L4-5, L5-S1 (to be performed @ [REDACTED]) is not medically necessary.

2 ASSISTANT SURGEONS (1 FOR POSTERIOR, 1 FOR ANTERIOR): 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.

2-3 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..

Preoperative labs COMPLETE METABOLIC PANEL , COMPLETE BLOOD COUNT, URINALYSIS, PROTHROMBIN TIME, Partial Thromboplastin Time: 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.

Electrocardiography (EKG): 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.

Chest X-ray: 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.

Preoperative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2-3 Postoperative visits with [REDACTED]: 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.

LSO Back Brace (by [REDACTED]): 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.

Walker (by [REDACTED]): 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.

Commode (by [REDACTED]): 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.

8 post operative out patient Physical therapy sessions:

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.

8 in home post operative physical therapy sessions: 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.

RN evaluation for wound check (by [REDACTED]): 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.

home health assistant services evaluation (by [REDACTED]): 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.