

Case Number:	CM14-0049903		
Date Assigned:	08/08/2014	Date of Injury:	11/16/2011
Decision Date:	10/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Neurological 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 records presented for review indicate that this 57 year-old individual was reportedly injured on November 16, 2011. The most recent progress note, dated April 3, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation and decreased range of motion. Diagnostic imaging studies objectified multiple level ordinary disease of life degenerative disc disease. Previous treatment includes facet joint injection therapy, multiple medications, physical therapy, and pain management interventions. As of the primary treating physician progress report dated March 10, 2014, the work status is indicated as temporarily partially disabled with modified duty of no repetitive lifting, pushing, and pulling greater than ten pounds with limited bending and stooping. A request had been made for lumbar fusion and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5- L5-S1 Posterior Instrumentation 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- Lumbar & Thoracic

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

Decision rationale: As outlined in the ACOEM guidelines, lumbar fusion is not recommended as treatment for patients with a radiculopathy from disc herniation. Furthermore, there is no noted instability, infection, tumor or either parameter by which lumbar fusion surgery would be supported. Lastly, based on the prior pain management interventions, the pathology appears to be in the facet joints as osteoarthritis. Therefore, based on the clinical information presented for review, tempered by the guidelines, there is insufficient clinical information to support the medical necessity of this request.

Associated surgical service: Assistant Surgeon for lumbar surgeon: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: 2 day inpatient stay 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: Bone Growth Stimulator post op: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: Cold Therapy Unit x 30 day rental post op: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: Front wheel walker post op: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: Pneumatic Intermittent Compression device post op: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: Post op physical therapy 3 times a week for 6 weeks 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: LSO (lumbar-sacral orthosis) brace post op: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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

Associated surgical service: Pre-Operative Medical Clearance (with Chest x-ray & evaluation 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (Electronically Cited).

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