

Case Number:	CM14-0051957		
Date Assigned:	09/10/2014	Date of Injury:	07/19/1996
Decision Date:	10/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Surgeon 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 55-year-old female who reported an injury on July 18, 1996 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker was evaluated on March 17, 2014. It was documented that the injured worker was complaining of significant right hip and severe low back pain. Physical findings included a positive straight leg raising test to the right, restricted range of motion of the lumbar spine secondary to pain, weakness of the dorsiflexor and toe extensor of the right lower extremity, and decreased sensation of the lateral aspect of the tibia and dorsum of the foot on the right. It was noted that no instability was evidenced on clinical examination. A request for fusion surgery was recommended with multiple postsurgical interventions. It was also reported that the injured worker undergo shockwave therapy to the hip. The injured worker underwent an x-ray study at that appointment that documented severe degenerative disc disease with very minimal joint space remaining at the L4-5. The injured worker's diagnoses included cervical sprain/strain, anterior interosseous syndrome, carpal tunnel syndrome, and status post left carpal tunnel release, upper extremity overuse tendinitis, depression, right shoulder pain, right hip pain, and L4-5 degenerative disc disease. No Request for Authorization was submitted to support the requests. The injured worker underwent an MRI of the lumbar spine on April 16, 2014. It was determined that the injured worker had a disc bulge at the L4-5 with impingement of the exiting right L4 nerve root and a disc bulge at the L3-4 with impingement of the exiting right L3 nerve root with multilevel facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Posterior Lumbar Interbody Fusion: 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): 307.

Decision rationale: The requested L4-5 posterior lumbar interbody fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for injured workers who have significant instability that requires stabilization. The clinical documentation submitted for review does not provide any evidence of instability that would require stabilization. Although the clinical documentation does indicate that the patient has significant exam findings of radiculopathy consistent with an imaging study, there is no documentation that the injured worker has exhausted conservative treatment, to include an epidural steroid injection, physical therapy, and medications. Additionally, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to surgical intervention of the spine. There is no documentation that the patient has undergone any type of psychological assessment. As such, the requested L4-5 posterior lumbar interbody fusion is not medically necessary or appropriate.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Ice 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Front Wheel 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

3 in 1 Commode: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Bone Stimulator VQ: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Home Help, Frequency and Duration Determined Postoperatively: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

One Time Psychological Clearance for Surgical Intervention: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-Op Follow Up: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Two Day Hospital 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-Operative Evaluation by an R.N. after 24 hours that the patient is home or the day thereafter: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Norco, Unknown Quantity or Dosage: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Duracef, Unknown Quantity or Dosage: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Zofran, Unknown Quantity or Dosage: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post-Operative Physical Therapy for the Lumbar Spine x 8: 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 requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.