

Case Number:	CM14-0052211		
Date Assigned:	08/08/2014	Date of Injury:	01/03/2013
Decision Date:	09/11/2014	UR Denial Date:	03/24/2014
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 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 male who sustained an injury on 01/03/13. No specific mechanism of injury was noted. Rather this appeared to be due to repetitive lifting of heavy objects. The injured worker was initially treated with anti-inflammatories and muscle relaxers and referred for physical therapy. The injured worker was also given a lumbar brace. The injured worker completed more than 16 sessions of physical therapy with continuing severe low back pain. Magnetic resonance image of the lumbar spine from 11/19/13 noted a 2mm disc protrusion at L5-S1 contacting the right S1 nerve root and mildly effacing the thecal sac. There was neural foraminal stenosis bilaterally secondary to facet hypertrophy and disc osteophyte complex. Per the clinical record from 03/12/14 the injured worker had no improvement despite conservative treatment including 20 sessions of physical therapy and medications. Physical examination noted no focal weakness in the lower extremities. Sensation was intact and reflexes were symmetric. The injured worker was felt to have discogenic low back pain at L5-S1. There was no expected improvement to be made with injection and the injured worker was referred for recommended for surgical intervention. Follow up on 04/01/14 noted continuing complaints of low back pain without evidence of neurological deficit. The injured worker was again recommended for anterior lumbar interbody fusion at L5-S1. The requested anterior lumbar interbody fusion at L5-S1 with co-surgeon three day injured worker stay and medical clearance including laboratory studies and low back brace were denied by utilization review on 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker was followed for discogenic complaints of low back pain due to disc bulging and degenerative disc disease at L5-S1. Imaging studies provided for review did not identify any evidence of motion segment instability spondylolisthesis or severe space disc space collapse to support surgical intervention including anterior lumbar interbody fusion. For discogenic low back pain guidelines recommend that injured workers have recommended that injured workers be refractory to reasonable course of conservative treatment. To date no injections have been completed. There was also no clinical documentation of pre-operative psychological evaluation ruling out any confounding issues that could possibly impact post-operative recovery as recommended by guidelines. As the clinical documentation submitted for review did not meet guideline recommendations for the proposed procedures, this request is not medically necessary.

Co-Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

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

Inpatient Stay for 3 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospitalization.

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

Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General.

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

Pre-Operative Labs: CBC, BMP, PTT, PT, INR, EKG, UA, nares culture for MRSA:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General.

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

Low Profile Lumber Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace Post-operative.

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