

Case Number:	CM14-0069996		
Date Assigned:	06/13/2014	Date of Injury:	03/08/2013
Decision Date:	08/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 41-year-old female who was reportedly injured on March 8, 2013. The mechanism of injury was noted as a slip and fall on the sidewalk. The most recent progress note, dated January 23, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated lumbar spine tenderness and increased pain with range of motion. The neurological examination noted a decreased sensation in the right L4 nerve distribution. Motor strength was 5/5, and deep tendon reflexes were 2+ and symmetrical. No muscular atrophy was mentioned. Diagnostic imaging studies objectified a Grade I spondylolisthesis with instability on flexion and extension. There was a loss of disc height at the L5-S1 level. An MRI showed a retrolisthesis of L4 on L5 with foraminal narrowing. Nerve conduction studies also showed an L4 and L5 radiculopathy. Previous treatment includes physical therapy, acupuncture and an epidural steroid injection. A request had been made for a lumbar spinal fusion and was not certified in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LAMINECTOMY POSTERIOR SPINAL FUSION WITH INSTRUMENTATION POST LATERAL INTERBODY FUSION AT L4-L5 POSSIBLY L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 - Lumbar & Thoracic (Acute & Chronic), Discectomy/laminectomy.

Decision rationale: The physical examination of the injured employee on January 23, 2014 notes decreased sensation in the right L4 dermatome; however, there was noted to be muscle strength of 5/5, 2+ reflexes and no mention of muscular atrophy. According to the Official Disability Guidelines, lumbar spine laminectomy and fusion is only recommended when the injured employee has either muscular weakness, muscular atrophy or unilateral pain at the corresponding level. The injured employee has none of these signs or symptoms. Therefore, this request for a lumbar spine laminectomy and fusion is not medically necessary.

ONE ASSISTANT 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Surgical assistant, updated July 3, 2013.

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

FIVE (5) DAYS 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Hospital length of stay, updated July 3, 2014.

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

ONE PRE-OPERATIVE 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative testing, updated July 3, 2014.

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

ONE 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Durable medical equipment, updated June 5, 2014.

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

ONE 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Walking aids, updated June 5, 2014.

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

ONE CUSTOM MOLDED TLSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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 - Lumbar & Thoracic (Acute & Chronic), Lumbar support, updated July 3, 2014.

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