

Case Number:	CM14-0075880		
Date Assigned:	07/16/2014	Date of Injury:	06/29/2012
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 62 year old male deputy sheriff whose date of injury is 06/29/12. The injured worker complains of ongoing pain to the lumbar spine. The injured worker has been treated conservatively with medications, physical therapy, acupuncture and chiropractic care. Per Agreed Medical Evaluator (AME) report dated 04/28/14, the injured worker has evidence of neuroforaminal compromise at L4-5 and L5-S1, but there is no evidence of instability. It was noted that the injured worker had a discogram that one examiner interpreted to be equivocal and another examiner to be positive. The Agreed Medical Evaluator (AME) recommended that the injured worker pursue epidural steroid injection or facet corticosteroid injections as both a diagnostic and therapeutic maneuver, noting that the benefits of an injection in this case far outweigh the risks related to the injured worker's diabetes as the rise in blood sugar typically is of no clinical significance. Most recent MRI of the lumbar spine dated 09/04/13 revealed 2mm posterior disc bulge at L4-5 with exiting nerve root compromise bilaterally; at L5-S1 there is a 3-4mm posterior disc bulge with exiting and transiting nerve root compromise bilaterally. X-rays were noted to show a possible pars defect at L5-S1, but there was no indication that flexion/extension films were obtained to assess movement. Physical examination reported tenderness right across the iliac crest at the lumbosacral junction, reproducible symptomatology with standing flexion and extension, persistent dysesthesia in the posterior leg and foot consistent with L5-S1 dermatomal pattern, and some radicular pain in the same distribution. Seated nerve root test is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 posterior lumbar interbody fusion (PLIF) with instrumentation, neural decompression and iliac crest marrow aspiration/harvesting, possible junctional levels:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

Decision rationale: While it appears that a simple decompression of the L5-S1 level would be appropriate, there is no evidence of motion segment instability of the lumbar spine that would support the need for the proposed posterior instrumented lumbar interbody fusion and iliac crest marrow aspiration/harvesting. The records reflect an ambiguous lumbar discogram, which current evidence-based guidelines do not recommend as a preoperative indication for lumbar fusion surgery. Also, there is no documentation that a preoperative psychological evaluation addressing confounding issues has been completed. There is no medical necessity for instrumented lumbar fusion. The request is not medically necessary.

Inpatient stay 2-3 day: 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.

Front wheel walker-purchase: 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 (canes, crutches, braces, orthoses, & walkers).

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

Ice Unit Purchase: 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, Cryotherapy.

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

Bone Stimulator-purchase: 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, Bone growth stimulators (BGS).

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

TLSO: 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, Back brace, post operative (fusion).

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

3 in 1 commode-purchase: 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 (DME).

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