

Case Number:	CM14-0079928		
Date Assigned:	07/18/2014	Date of Injury:	07/23/2009
Decision Date:	08/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 66 year old male who sustained an injury on 07/23/09 when he caught his foot in a cable tripping and falling headfirst. The injured worker was able to catch himself but developed complaints of low back pain. The injured worker was followed for continuing limited range of motion in the lumbar spine with reported weakness in the lower extremities. Prior conservative treatment included physical therapy chiropractic manipulation and acupuncture therapy without any improvement. Multiple injections have been done to date without any significant improvement. The injured worker was reported to have degenerative conditions in the lumbar spine at L4-5 and L5-S1 however no imaging studies were available for review. Clinical record from 06/25/14 noted continuing complaints of low back pain radiating to the lower extremities that was severe. The injured worker was utilizing medications to control symptoms. Physical examination noted tenderness to palpation in the lumbar spine with decreased range of motion. Straight leg raise was positive to the right and sensation was decreased over L5 distribution. No clear motor weakness was identified. There was a request for an authorization to perform psychological screening prior to surgical requests for L3-4 decompression and L4 through S1 posterior spinal fusion. The requested L4 through S1 posterior spinal fusion with L3-4 decompression and injured worker three day stay with a home health visit for four sessions was denied by utilization review on 05/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior spinal fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on clinical documentation submitted for review the injured worker remained symptomatic despite conservative treatment including rehabilitative therapy injections and medications. The injured worker was reported to have pathology at multiple levels from L3 through S1; however, no imaging studies were available for review. At this time it cannot be determined to what extent there to what extent pathology is present in the lumbar spine that would reasonably require lumbar fusion procedures as requested. Furthermore there is 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 does not meet guideline recommendations for proposed service this reviewer would not have recommended this request as medically appropriate.

Associated decompression at L3-L4 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This reviewer would not have recommended this request as medically necessary. Based on clinical documentation submitted for review the injured worker remained symptomatic despite conservative treatment including rehabilitative therapy injections and medications. The injured worker was reported to have pathology at multiple levels from L3 through S1; however, no imaging studies were available for review. At this time it cannot be determined to what extent there to what extent pathology is present in the lumbar spine that would reasonably require lumbar fusion procedures as requested. Furthermore there is 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 does not meet guideline recommendations for proposed service this reviewer would not have recommended this request as medically appropriate.

Inpatient stay 3 days: 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 Chapter, Hospitalization.

Decision rationale: This reviewer would not have recommended this request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore there would have been no requirement for injured worker stay for three days post-operatively. Therefore this reviewer would not have recommended this request as medically necessary.

Home health 2x2: 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 Chapter, Home Health.

Decision rationale: This reviewer would not have recommended this request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore there would have been no requirement for post-operative home health visits. Therefore this reviewer would not have recommended this request as medically necessary.