

Case Number:	CM14-0085734		
Date Assigned:	07/23/2014	Date of Injury:	08/16/1995
Decision Date:	09/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 66 year old female was reportedly injured on August 16, 1995. The mechanism of injury is undisclosed. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of progressive weakness, bilateral leg pain and difficulty urinating. The physical examination was not reported, only a declaration of a worsening clinical situation requiring surgical intervention. Diagnostic imaging studies reportedly objectified a further collapse at T10 with a given deformity at T9 to T10. Previous treatment included thoracic spinal fusion (T9 to S1). A request was made for a thoracic spinal fusion (T4 to T10) and was not certified in the preauthorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autologus Blood X2 units: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Given that there is insufficient data to support the underlying request of multiple level fusion surgery, the blood transfusion is also determined nothing medically necessary.

Thoracic Spinal Fusion T4-T10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: When noting the date of injury, the previous surgical indications, the findings on MRI (dated October 2013) of a 10 percent compression fracture, there is insufficient clinical objective evidence presented to support the need for an additional six level fusion procedure. The progress notes indicate a given deformity and that there were no radiological reports, imaging studies, or any other objective data presented to support this declaration. Therefore, this is incomplete and insufficient medical evidence. The request is not medically necessary.

Assistant Surgeon CRFNA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: In that the underlying surgical request is not medically necessary, the associated system surgeon is not medically necessary.

Inpatient Stay X4 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, the required hospitalization is also not medically necessary.

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Given that the underlying surgical request is not medically necessary, preoperative clearance is also not medically necessary.

