

Case Number:	CM14-0085999		
Date Assigned:	08/08/2014	Date of Injury:	08/09/2010
Decision Date:	09/11/2014	UR Denial Date:	05/12/2014
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 Orthopedic Surgery and is licensed to practice in New York. 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 has chronic low back pain. The injured worker had previous lumbar spine surgery. CT (Computerized Tomography) of the lumbar spine shows postsurgical changes. The injured worker has low back pain radiating to the right lower extremity with weakness. Physical exam reveals point tenderness to the coccyx normal lordosis and decreased range of motion. There is weakness of the right quadriceps and unstable gait. There is decreased sensation over both calves and feet. EHL (extensor hallucis longus) is weak. There is a right foot drop. Imaging studies reveal lumbar scoliosis spanning L1-S1 with L5-S1 fusion with instrumentation. L4-5 and L3-4 have spondylolisthesis. The injured worker is conservative measures to include physical therapy, injections, activity modifications, medications and spinal cord stimulator. The patient had L4-S1 fusion in the year 2000. His date of injury is August 9, 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L5 Anterolateral Discectomy and Fusion and L5-S1 Hardware Removal L5-S1 Posterior Instrumented Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM California Guidelines Plus Web based version Low Back Complaints Lumbosacral Nerve Root Decompression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Chapter 12. Decision based on Non-MTUS Citation ODG Low Back Chapter.

Decision rationale: This injured worker does not meet establish criteria for revision lumbar surgery. Specifically, the medical records do not indicate any evidence of pseudoarthrosis, failure of hardware, or severe lumbar neural compression. The patient does not have documented instability on flexion-extension views and the patient does not have severe scoliosis warranting fusion of multiple levels. The patient has chronic back pain and leg symptoms without correlation of MRI or CT imaging and physical examination. There is no documented instability, fracture, or concern for tumor or failure previous fusion, criteria for multilevel lumbar fusion are not met. Multilevel revision lumbar surgery is not medically necessary.

3 Day Hospital Stay: 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.

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 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.

Softec Lumbo Brace: 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 Other Medical Treatment Guideline or Medical Evidence: ODG low-back chapter.

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

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 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: 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.