

Case Number:	CM14-0087583		
Date Assigned:	07/23/2014	Date of Injury:	02/08/2011
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 Spine Surgeon, 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 47-year-old male who reported an injury on 11/01/2012 secondary to a fall. Current diagnoses include lumbar instability, sprain/strain of the neck and upper back, sprain/strain of the lower back, bilateral ulnar neuropathy, cubital tunnel syndrome, cervical "dexopathy" at C5-7, and right shoulder impingement. The injured worker was evaluated on 01/31/2014 with complaints of persistent lower back pain and an inability to sleep at night secondary to pain. Previous conservative treatment is noted to include physical therapy and medication. The injured worker is also noted to have undergone 2 separate right knee arthroscopic procedures. The physical examination on that date revealed moderate tenderness and spasm in the lumbar spine, limited range of motion of the lumbar spine, and tenderness to palpation with muscle spasm in the thoracic spine. The injured worker was noted to have undergone an MRI of the lumbar spine on 12/28/2012 and electrodiagnostic studies on 03/21/2013. There were no official imaging studies provided for this review. Treatment recommendations at that time included a 360 degree fusion at L5-S1 with laminectomy, discectomy, and instrumental fusion. A lumbosacral brace, a possible blood transfusion, a cell saver unit, neuromonitoring, and home health services upon discharge with home physical therapy were also requested at that time. A Request for Authorization Form was submitted on 05/14/2014 for a lumbar surgery with a lumbar brace and home health services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion L5-S1 with laminectomy, instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (05/12/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has been previously treated with medication and physical therapy. However, there is no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There was no imaging studies provided for this review. There was no documentation of spinal instability upon flexion/extension view radiographs. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.

Lumbar brace: 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.

Home health x 5 visits: 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.