

Case Number:	CM14-0088316		
Date Assigned:	07/23/2014	Date of Injury:	08/29/2013
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 Neurological Surgery 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 injured worker is a 73 year-old male who was reportedly injured on August 29, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 5, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'7, 180 pound individual who was non-tender to palpation but has a decreased range of motion. Stability was noted to be within normal limits. Motor function was 5/5; however, sensation was slightly decreased. Deep to reflexes were noted to be 2+ intact. An antalgic gait pattern was reported. Diagnostic imaging studies objectified foraminal stenosis at the lower lumbar levels. Previous treatment included a lumbar surgery and intraoperative monitoring completed on December 6, 2013. A request had been made for lumbar fusion and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive laminotomy at L3-4, L4-5 and L5-S1 with posterior instrumentation at L3-4 and L4-5: 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): (electronically cited).

Decision rationale: The progress notes indicated there was a spinal stenosis and degenerative disc disease. However, as outlined in the American College of Occupational and Environmental Medicine guidelines, spinal fusion is not recommended for chronic low back pain. Furthermore, there was no evidence of instability, fracture or infection that would require a fusion procedure. Instrumentation multiple levels is a de facto fusion procedure. Therefore, based on the clinical information presented for review, the request is not medically necessary.

Two day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): (electronically cited).

Decision rationale: In that the underlying surgical intervention is not medically necessary, this associated service is not medically necessary.

Lumbar back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): (electronically cited).

Decision rationale: In that the underlying surgical intervention is not medically necessary, this associated service is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): (electronically cited).

Decision rationale: In that the underlying surgical intervention is not medically necessary, this associated service is not medically necessary.

Post-operative physical therapy for the lumbar spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): (electronically cited).

Decision rationale: In that the underlying surgical intervention is not medically necessary, this associated service is not medically necessary.