

Case Number:	CM14-0091417		
Date Assigned:	08/04/2014	Date of Injury:	05/16/2012
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 records presented for review indicate that this 46 year-old individual was reportedly injured on May 16, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 18, 2014, indicates that there are ongoing complaints of back and low back pain. The physical examination demonstrated a 6'1", 244 pound individual who is reported to be in "no acute distress." An antalgic gait pattern is reported, there is tenderness to palpation in the lower lumbar spine and the injured employee appears to be "recently uncomfortable." Positive straight leg raising is noted, a decrease in lumbar spine range of motion is reported. There is "no evidence of instability on physical examination" however there is some weakness conflict dorsiflexion. Decreased sensation is also noted. Diagnostic imaging studies reportedly noted a disc herniation at L4-L5 & L5-S1 associated with degenerative disc disease. Previous treatment includes physical therapy, multiple medications, pain management and interventions. A request had been made for a lumbar fusion surgery 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:

L4-L5 Posterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310.

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

Decision rationale: As outlined in the ACOEM guidelines, spinal fusion in the absence of fracture, dislocation, complications of tumor or infection is not recommended. None of these maladies has been objectified. It is noted that there is a 2 level disc herniation. However, there is no data presented to suggest the need for a post lumbar fusion. Additionally, there are no plain films demonstrating subluxation relative to flexion or extension and the physical examination specifically noted no evidence of instability. As such the medical necessity for surgical intervention is not established.

LSO 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, Low Back - Lumbar & Thoracic (Acute & Chronic) Back Brace, Post operative (fusion).

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

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

Ice Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, (Acute & Chronic), Durable medical equipment.

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 updated July, 2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, (Acute & Chronic), Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar, updated July, 2014.

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

Unknown Home Health Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev. 144,05-06-11), Chapter 7 - Home health services; Sections 50.2 (Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51 of 127.

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

Psychological Clearance for Surgical Intervention: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Psychological screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

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

Post-operative Evaluation by RN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91.

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

2 Day 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, Treatment for Workers Compensation, Hospital Length of Stay (LOS).

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.

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

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

Zofran: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Antiemetics for opioid nausea.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

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

8 Post-operative Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Sprix Nasal Spray 15.75mg #40 units (5 bottles): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Sprix.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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

Spine Surgeon Referral for Second Opinion: 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 updated July, 2014.

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