

Case Number:	CM14-0095895		
Date Assigned:	08/08/2014	Date of Injury:	10/27/2006
Decision Date:	10/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 56 year old female who reported an injury to her low back on 10/27/2006. No description of the initial injury was provided in the documentation. There is an indication the injured worker had undergone physical therapy from 04/16/14 - 07/07/14 for a total of 17 physical therapy sessions. However, it appears the therapy was focused on the left shoulder. There was also an indication the injured worker had previously undergone physical therapy from 01/27/14 - 04/02/14 for a total of 19 sessions. However, this also was focused on the left shoulder. The clinical note dated 06/23/14 indicates the injured worker complaining of left shoulder, left hip, low back, and left ankle pain. The note indicates the injured worker utilizing Hydrocodone for pain relief. The clinical note dated 05/19/14 indicates the injured worker rating the pain as 8/10. There is an indication the injured worker is utilizing Norco for ongoing pain relief. The clinical note dated 05/13/14 indicates the injured worker having undergone x-rays and an MRI scan of the lumbar region. A subluxation of the facet joints with foraminal narrowing was revealed on the x-ray. Severe foraminal narrowing was identified at L5-S1 with moderate narrowing at L4-5 confirmed by the MRI. Electrodiagnostic studies revealed findings consistent with an L4 and L5 radiculopathy. The clinical note dated 04/27/12 indicates the injured worker complaining of low back pain that was rated as 9/10. There is an indication the injured worker had completed a course of physical therapy at that time. The note also indicates the injured worker complaining of radiating pain into the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery: Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion L4-5,L5-S1: 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 Page(s): 305-307.

Decision rationale: The request for a laminectomy, posterior spinal fusion with instrumentation, and a posterolateral interbody fusion at L4-5 and L5-S1 is non-certified. The documentation indicates the injured worker complaining of low back pain. A fusion/laminectomy is indicated in the lumbar region provided the injured worker meets specific criteria to include completion of all conservative treatments and clinical exam revealed significant symptomology correlating with the injured worker's imaging studies. There is an indication the injured worker has undergone physical therapy in 2012. However, no information was submitted regarding the injured worker's more recent completion of any conservative treatments to include therapeutic interventions as well as injections. Additionally, no information was submitted regarding the injured worker's clinical findings confirming the injured worker's radiculopathy in the appropriate distributions. Given these factors, the request is not fully indicated as medically necessary.

Inpatient hospital stay for 5 days: 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, Hospital length of stay (LOS)

Decision rationale: Given the lack of medical necessity of the surgery, the additional requests are rendered not medically necessary.

Preoperative medical clearance (unspecified): 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, Preoperative testing, general

Decision rationale: Given the lack of medical necessity of the surgery, the additional requests are rendered not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics
<http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013)

Decision rationale: Given the lack of medical necessity of the surgery, the additional requests are rendered not medically necessary.

Purchase of a 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment

Decision rationale: Given the lack of medical necessity of the surgery, the additional requests are rendered not medically necessary.

Purchase of a 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: Given the lack of medical necessity of the surgery, the additional requests are rendered not medically necessary.

Purchase of a custom made TLSO 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 Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Support

Decision rationale: Given the lack of medical necessity of the surgery, the additional requests are rendered not medically necessary.