

Case Number:	CM14-0179084		
Date Assigned:	11/03/2014	Date of Injury:	07/25/1988
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/28/2014

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 Georgia & South Carolina. 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 68-year-old female who reported an injury on 07/25/1988. The mechanism of injury was not provided. On 05/27/2014, the injured worker presented with severe pain. She continued to have pain in the left lower extremity. MRI of the lumbar spine performed on 01/14/2014 revealed broad based disc bulge measuring 3.5 mm with moderate bilateral facet hypertrophy. There is no significant spinal canal or neural foraminal compromise noted. From the L5-S1, there is a near complete bony fusion at the level noted. There is moderate to severe bilateral facet hypertrophy present. There is mild bilateral neural foraminal narrowing visualized. The spinal canal was patent. The provider noted that the injured worker had a decent chance of avoiding surgical intervention with the use of epidural steroid injection. The diagnoses were not provided. There is no information on previous conservative therapies noted. The provider recommended a posterior lumbar interbody fusion from L4-5 and L5-S1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305- 307.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The request for a posterior lumbar interbody fusion L4-5 and L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that except for causes of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Injured workers with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from control trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is also important to note that although it is being undertaken, lumbar fusion in injured workers with other types of low back pain very seldom cures the patient. There is no evidence of severe or disabling lower leg symptoms or activity limitations due to radiating neck pain for more than a month or extreme progression of lower leg symptoms. There is no evidence of the injured worker's failure to respond to conservative treatment, to include physical therapy, epidural steroid injections, and medications. The provider noted that the injured worker has a chance to avoid surgical interventions with the use of an epidural steroid injection. There is no information on the injured workers failure to exhaust all forms of conservative therapy and no evidence on physical examination of neurologic dysfunction. As such, medical necessity has not been established.

Associated surgical service: 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.

Associated surgical service: Inpatient hospital stay (x 2-3 days): 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.

Associated surgical service: Labs: CMP, PT, PTT, CBC, UA: 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.

Associated surgical service: EKG: 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.

Associated surgical service: Chest X-ray (CXR): 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.

Associated surgical service: Pre-op clearance with [REDACTED] with post-op hospital 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.

Associated surgical service: DME: LSO back brace, Walker, Commode, DVT Machine: 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.

Associated surgical service: Post-op Home Physical Therapy (x8): 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.

Associated surgical service: Outpatient physical therapy (x8): 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.

Associated surgical service: RN evaluation-wound check: 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.

Associated surgical service: Possible home health aide 2-3hrs/day 2-3 x weeks x 4 weeks: 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.