MAXIMUS Federal Services

Case Number:	CM14-0192181		
Date Assigned:	11/25/2014	Date of Injury:	06/02/2011
Decision Date:	01/29/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 33-year-old male with a 6/2/11 date of injury. At the time (10/17/14) of the Decision for L5-S1 posterior lumbar interbody fusion with possible inclusion of L4-L5 and instrumentation as well as possible reduction of listhesis; pre-op medical clearance; 2-3 days in-patient stay; front wheel walker; ice unit; bone stimulator; TLSO; and 3-1 commode; there is documentation of subjective (low back pain and debilitating leg pain of 50/50) and objective (tenderness to palpation over para lumbar region, lumbar spine muscle guarding, and positive bilateral straight leg raise) findings, current diagnoses (lumbar disc displacement and lumbosacral disc degeneration), and treatment to date (activity modification, medications, and physical modalities). Regarding L5-S1 posterior lumbar interbody fusion with possible inclusion of L4-L5 and instrumentation as well as possible reduction of listhesis, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root; abnormalities on imaging studies; and an indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior lumbar interbody fusion with possible inclusion of L4-L5 and instrumentation as well as possible reduction of listhesis: 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: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and an indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement and lumbosacral disc degeneration. However, despite nonspecific documentation of subjective (low back pain and debilitating leg pain of 50/50) and objective (tenderness to palpation over para lumbar region, lumbar spine muscle guarding, and positive bilateral straight leg raise) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root. In addition, there is no documentation of abnormalities on imaging studies; and an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L5-S1 posterior lumbar interbody fusion with possible inclusion of L4-L5 and instrumentation as well as possible reduction of listhesis is not medically necessary.

Pre-op medical clearance: 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.

-3 Days in-patient stay: 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.

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 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.

Ice unit: 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.

Bone stimulator: 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.

TLSO: 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.

3-1 Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not 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.