

Case Number:	CM14-0202233		
Date Assigned:	01/27/2015	Date of Injury:	06/29/1990
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 59-year-old female who reported an injury on 06/29/1996. The mechanism of injury was not provided. The injured worker has a history of back pain. On 12/10/2014, the injured worker was seen for low back pain. The note is handwritten and hard to decipher. There was no change in the signs and symptoms. The injured worker had pain at night. Injured worker's meds included Aleve. Injured worker is doing physical therapy and home exercise program. The request is for T10-L3 posterior spinal fusion with segmental instrumentation with 3-4 day hospital stay, post-operative thoracic/lumbar physical therapy 2 times a week for 3 weeks and pre-operative physical. The Request for Authorization form and rationale for the request were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

T10-L3 posterior spinal fusion with segmental instrumentation with 3-4 day hospital stay:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

Decision rationale: The request for T10-L3 posterior spinal fusion with segmental instrumentation with 3-4 day hospital stay is not supported. The California MTUS/ACOEM Guidelines does not recommend surgery within the first 3 months after onset of acute low back symptoms. Surgery is considered only when serious spinal pathology and nerve root dysfunction are not responsive to conservative treatment. There is lack of documentation of the injured worker receiving 3 months conservative care. There is lack of documentation the injured worker has nerve root dysfunction. Rationale was not provided for request. As such, the request is not medically necessary.

Post-operative thoracic/lumbar physical therapy 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The request for Post-operative thoracic/lumbar physical therapy 2 times a week for 3 weeks is not supported. The injured worker has a history of back pain. The ODG state that therapy is allowed after a fusion. The surgery has not been necessary. Therefore, postoperative physical therapy is not medically necessary.

Pre-operative physical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The request for preoperative physical is not supported. The patient had a history of back pain. There is lack of documentation as to what "preoperative physical" is being requested. As such, the request is not medically necessary.