

Case Number:	CM14-0059720		
Date Assigned:	09/10/2014	Date of Injury:	04/17/2002
Decision Date:	01/02/2015	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in Georgia and 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 55-year-old male who reported an injury on 10/22/2013 due to cumulative trauma. On 07/08/2013, the injured worker presented with complaints of pain to the right leg, back, and left leg. On examination, the injured worker ambulated with a normal gait with normal alignment of the thoracolumbar spine. There was a negative bilateral straight leg raise and 5/5 strength in the bilateral lower extremities with normal sensation to light touch from the L1 to S1 dermatomal distribution. An MRI of the lumbar spine, performed on 10/19/2010, noted severe central stenosis identified at the L3-4 with a lesser degree of central stenosis at the L2-3 with moderate central stenosis seen at the T11-12, T12-L1, L1-2, and L4-5. There was foraminal stenosis and left lateral recess stenosis at the L4-5 and bilateral foraminal stenosis at the left greater than right L5-S1. His diagnoses were pain, degenerative lumbar or lumbosacral intervertebral discs, and radiculitis. The provider recommended an L4-S1 posterior lumbar interbody fusion with L2-3 neural decompression and instrumentation. The providers rational was not provided. The Request for Authorization was dated 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 to S1 Posterior Lumbar Interbody Fusion with L2 to S1 Neural Decompression and Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Low Back Procedure Summary last Updated 3/18/2014

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

Decision rationale: The request for an L4-S1 posterior lumbar interbody fusion with L2-3 neural decompression and instrumentation is not medically necessary. The California MTUS/ACOEM Guidelines state, except for cases 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 controlled trials that spinal fusion alone is effective for treating any Tylenol pre-existing of acute low back problems, in the absence of spinal fracture, dislocation, or spondylolisthesis if there instability in motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. The guidelines note that a spinal fusion is not recommended except in cases of trauma related to a spinal fracture or dislocation, an L4-S1 posterior lumbar interbody fusion with L2-S1 neural decompression and instrumentation would not be warranted. The clinical notes revealed pain to the back and bilateral legs with a negative bilateral straight leg raise. There was normal sensation to the L1 to S1 dermatomal distributions with 5/5 strength noted. There is no information on conservative treatments the injured worker underwent and the efficacy of the prior treatments. Additionally, there is a lack of functional deficits noted upon physical examination. As such, the medical necessity has not been established.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DME Purchase of 1 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DME Purchase of 1 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DME Purchase of 1 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DME Purchase of 1 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

DME Purchase of 1 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 cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

2 to 3 Day Inpatient Hospital 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.