

Case Number:	CM14-0081104		
Date Assigned:	08/06/2014	Date of Injury:	04/01/2009
Decision Date:	01/26/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Surgeon and is licensed to practice in New Jersey. 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 52-year-old female who reported an injury on 04/01/2009 due to cumulative trauma. The clinical note, dated 04/18/2014, indicated injured worker complaints of low back pain and pain in the right leg. It also described weakness in the right leg. Medications included Lyrica, Zanaflex, hydroxyzine, Seroquel, Celexa, Mirapex, Omeprazole, and Oxybutynin chloride. Examination of the lumbar spine noted tenderness to palpation over the right lumbar facets, left lumbar facets, right paravertebral thoracic spasm, left paravertebral thoracic spasm, an antalgic gait, and a positive left sided straight leg raise. Sensation is grossly intact to light touch. Diagnoses were lumbosacral neuritis, myospasm and post-laminectomy syndrome of the lumbar spine. MRI of the lumbar spine, performed on 02/21/2014, revealed mild disc height reduction and mild peripheral disc desiccation at the L5-S1 level. There is re-demonstration of a 3 mm left greater than right broad based posterior disc bulge with mild left lateral recess narrowing. There is also mild bilateral facet arthropathy. Provider recommended an anterior lumbar fusion at the L5-S1 level, an inpatient stay, co-surgeon, a brace purchase, a Vascutherm Deep Vein Thrombosis (DVT) system and a pre-op visit with an internist or general practitioner. 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:

Anterior Lumbar Fusion L5-S1: Upheld

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

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

Decision rationale: The request for an anterior lumbar fusion L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that a spinal fusion is not recommended, except in cases of trauma, related spinal fracture, or dislocation. Fusion of the spine is not usually considered for the first 3 months of symptoms. Injured workers with increased spinal instability after a surgical decompression of the level of degenerative spondylolisthesis may be a candidate for fusion. There is no scientific evidence of long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylolisthesis compared with natural history, placebo, or conservative treatment. The injured worker completed initially recommended conservative treatment. However, there is no evidence of instability noted upon physical examination, no evidence of activity limitation or progressing lower leg symptoms, and no objective signs of neural compromise. As such, medical necessity has not been established.

Inpatient stay 1-2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition (pages 379)

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.

Co-surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeon Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

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.

1 Lumbar-Sacral Orthosis (LSO) brace purchase: Upheld

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

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.

Vascutherm 4 Deep Vein Thrombosis (DVT) System Hot/Cold Compression times daily for 2 weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Chapter, Continuous-flow Cryotherapy

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.

Pre-op one time visit with internist or general practitioner: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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.