

Case Number:	CM15-0009137		
Date Assigned:	02/23/2015	Date of Injury:	03/11/2014
Decision Date:	04/21/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Pediatrics, Neurological 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 42-year-old female who reported an injury on 03/11/2014. The mechanism of injury involved a motor vehicle accident. The current diagnoses include chronic neck and low back pain, mild cervical disc disease, severe disc collapse, and moderate stenosis. The injured worker presented on 02/02/2015, for an orthopedic spine consultation. It was noted that the injured worker participated in 6 sessions of physical therapy for the neck and low back, as well as acupuncture and chiropractic therapy following the work related injury. The injured worker had also been referred for a lumbar epidural injection. However, it is unclear whether the injection was administered. The injured worker was also utilizing gabapentin. The injured worker reported constant pain in the cervical spine, as well as lumbar spine, with radiating symptoms into the bilateral lower extremities. Upon physical examination, there was 4/5 motor strength in the bilateral lower extremities, intact sensation, and restricted lumbar and cervical range of motion. X-rays of the lumbar spine revealed mild lateral listhesis at L4-5, and disc space narrowing at L5-S1. Treatment recommendations at that time included a lumbar decompression with instrumented fusion. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive lumbar laminectomy and fusion at L4-L5: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, it is noted that the injured worker participated in initial conservative therapy, to include physical therapy, acupuncture, and chiropractic therapy. However, there was no mention of a recent attempt at conservative management to include act rehabilitation and medication management. There was no evidence of a psychosocial screening completed prior to the request for a lumbar fusion. There was also no documentation of spinal instability upon flexion and extension view x-rays. Given the above, the injured worker does not meet criteria as outlined by the above-mentioned guidelines. As such, the request is not medically necessary.

Associated service: Two to three day stay: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated service: Assistant surgeon: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated service: Pre-op medical clearance: H&P: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated service: EKG: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated service:Labs: Complete blood count (CBC), sequential multiple analysis (SMA)18, prothrombin time (PT) Partial thromboplastin time (PTT), Westergren sed rate and Urinalysis: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated service: Post op lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated service: Elevated toilet seat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.

Associated Surgical Service: Chest x-ray: 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), Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the associated request is not medically necessary.