

Case Number:	CM15-0013613		
Date Assigned:	02/02/2015	Date of Injury:	04/13/2014
Decision Date:	04/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/23/2015

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: 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 58-year-old male who reported an injury on 04/13/2014. The mechanism of injury was the injured worker was driving a bus when his seat unlatched and slid backwards. Prior treatments included physical therapy, activity modification, electrical muscle stimulation, ultrasound, myofascial release, hydrocollator, chiropractic care, and medication. The injured worker underwent an epidural steroid injection at L4 and L5 level on the left side without any relief. The injured worker underwent an x-ray of the lumbar spine on 11/06/2014 with documented instability and a disc height collapse at L3-5. There was retrolisthesis at L4 on L5 with instability. The injured worker underwent an MRI of the lumbar spine on 07/18/2014 which revealed abnormalities from L3 to L5, greater than L3-4 than L4-5. Documentation of 11/06/2014 revealed the injured worker had increasing pain in the low back with progressive neurologic deficits. The injured worker had radicular pain that was increasing and the injured worker had noticed greater weakness in his legs, worse right than left. The injured worker had an epidural injection on 11/04/2014 with no lasting relief. The injured worker failed activity modification and physical therapy. The documentation indicated the injured worker had constant severe pain in the low back aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking, and walking multiple walks. The documentation indicated the injured worker had standing flexion and extension that was guarded and restricted. The seated nerve root test was positive. The injured worker had point tenderness right across the iliac crest into the lumbosacral spine. There was no greater than 3+ to 4- strength in the EHL, an L5 innervated muscle. There was also 4/5 strength in the quadriceps which was noted to be an L4 innervated muscle. Knee reflexes were asymmetric and absent on the left and trace on the right. The injured worker underwent x-rays which revealed retrolisthesis at L4 on L5 with instability. The treatment plan included a

posterior lumbar interbody fusion at L3-5 with instrumentation and possible reduction of listhesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 posterior lumbar interbody fusion (PLIF) with instrumentation with possible reduction of listhesis: 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): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would not need to be electrophysiologic evidence to support a fusion. There was documentation of clear clinical and imaging findings. The injured worker had failed conservative care. Additionally, there was a lack of documentation indicating the injured worker had undergone a psychological screening. The documentation indicated the injured worker had instability of L4 and L5. However, there was a lack of documentation indicating the injured worker had instability of L3 per radiologic findings. Given the above, the request for L3-L5 posterior lumbar interbody fusion (PLIF) with instrumentation with possible reduction of listhesis is not medically necessary.

Post-surgical front wheeled walker for purchase: 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.

Post-surgical ice unit, for purchase: 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.

Post-surgical bone stimulator for purchase: 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.

Post-surgical TLSO for purchase: 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.

Post-surgical 3-in-1 commode for purchase: 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.

Associated surgical services: a two-to-three day inpatient 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.

Pre-operative medical clearance with an internist: 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.