MAXIMUS Federal Services

Case Number:	CM13-0002009		
Date Assigned:	12/04/2013	Date of Injury:	10/06/2010
Decision Date:	01/30/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 physician 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.

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 claimant is a 50-year-old gentleman who was injured in a work related accident on October 6, 2010 sustaining an injury to the low back. The clinical records for review in this case include a recent progress report of June 25, 2013 with treating physician [redacted] indicating ongoing low back pain with radiating leg pain, weakness despite conservative care including bracing, medication management, acupuncture, chiropractic care, physical therapy and epidural injections. Objectively there was noted to be muscular tenderness with diminished lumbar range of motion, diminished sensation and weakness to "the lower extremities" in a non-documented fashion. Based on the claimant's failed conservative care, operative intervention in the form of an L5-S1 decompression and fusion was recommended for further intervention. The treating physician referenced an MRI report of November 15, 2010 demonstrating moderate foraminal narrowing and disc bulging at the L5-S1 level with facet joint hypertrophy. Further clinical imaging is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient lumbar spine fusion anterior, posterior discectomy, decompression and fusion with instrumentation: 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): 307.

Decision rationale: California ACOEM Guidelines would not support the role of the proposed procedure in question. The Guidelines would only recommend the role of fusion in the setting of "spinal fracture, dislocation, spondylolisthesis or documented instability with segmental motion at operated segment". The records in this case demonstrate a degenerative process to the L5-S1 level, but fail to give specific documentation of instability at the requested level of surgery to necessitate the role of operative fusion. Furthermore, the claimant's current physical examination findings give diffuse weakness and sensory changes with no specific findings that correlate with the L5-S1 level. The requested surgical process at this chronic stage in the course of care would not be indicated.

Post-op back brace for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG-TWC 2013, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9,298,301.

Decision rationale: Based on California MTUS Guidelines, the role of back bracing in the postoperative setting would not be indicated. Guidelines would not recommend the role of bracing in this case as the role of operative intervention is still in question. The role of this postoperative DME would not be indicated.

Post-op physical therapy two (2) to three (3) times a week times four (4) weeks for twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy for twelve sessions following surgical process would not be indicated. The claimant has not yet been established as a surgical candidate from review of the clinical record. The role of postoperative physical therapy thus would not be supported as medically necessary.