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| Case Number: | CM13-0014266 | | |
| Date Assigned: | 10/03/2013 | Date of Injury: | 12/08/2007 |
| Decision Date: | 01/09/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

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 New Hampshire, New York, and Washington. 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 patient has chronic low back pain. She had a previous L4-S1 decompression and fusion surgery in June 2011. She has back and bilateral leg pain at the posterior knees. On exam she has reduced range of motion and tenderness to spine palpation. There is no documented neurologic deficit. Straight leg raise is normal bilaterally. Reflexes and sensation are normal. Motor exam and gait are normal. The magnetic resonance imaging (MRI) from June 2013 shows post surgical changes at L3-S1 levels. There is a 6 mm disc protrusion and bilateral foraminal narrowing. At issue is whether or not additional spinal surgery is needed at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Explanation of the pedicle screws instrumentation and address adjacent level disc protrusion and stenosis at the L3-L4 level with bilateral laminotomy and discectomy without the need for fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, 307.

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

Decision rationale: The MTUS Guidelines indicate that within the first three months after the onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction is not responsive to conservative therapy. The medical records provided

for review do not indicate that there was an adequate trial, or failure of conservative measures which included physical therapy and diagnostic injections. There is no documentation of hardware failure, pseudarthrosis, or any evidence supporting the hardware as a pain generator. Also, there is no clearly-defined nerve root deficit associated with any imaging studies showing neural compression. There is an MRI that shows post surgical changes without instability, fracture, or severe nerve root compression or stenosis. The request for explanation of the pedicle screws instrumentation and address adjacent level disc protrusion and stenosis at the L3-L4 level with bilateral laminotomy and discectomy without the need for fusion is not medically necessary and appropriate.

Inpatient stay for two to three (2-3) days: 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.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative consultation, history and physical to clear for surgery: 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.

Preoperative clearance full lab work, chest x-ray, cervical 7 view x-ray, and electrocardiogram (EKG): 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.

Autologous blood; one to two (1-2) units: 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.

Neck brace: 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.

Bone growth 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Medical home health nurse evaluation: 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.

Postoperative physical therapy; eighteen (18) sessions three (3) times a week for six (6) weeks: 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.

Postoperative appointment with the neurological surgeon seven to ten (7-10) days after:
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.