

Case Number:	CM13-0038794		
Date Assigned:	12/18/2013	Date of Injury:	03/18/2002
Decision Date:	02/07/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopaedic Surgery, and is licensed to practice in Maryland, 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. 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 patient is a 56-year-old female with a living due to March 18, 2012. She has chronic low back pain. Physical exam reveals tenderness in the low lumbar region. There is reduced range of motion in the lumbar spine. Patient has weakness in the right quadriceps. Right quadriceps reflex is diminished. MRI the lumbar spine from June 2013 revealed mild enlargement of a 3.5 mm disc bulge at L2-3 which mildly flattens the thecal sac however central canal is previously decompressed at this level. There is also a migrated right paracentral disc fragment at this level without a mass effect on the thecal sac. Current diagnoses include spinal stenosis, sciatica, and disc herniation, lumbar strain. Patient has had anterior cervical fusion surgery at C5-6 and C6-7. The patient has had lumbar spinal surgery to include anterior fusion at L4-5 and L5-S1 with an anterior plate at L5-S1 and posterior pedicle screws the patient at L3-4. The patient has imaging studies to include x-rays that demonstrate a solid fusion of the operative levels of the lumbar spine. There is also a laminectomy defects from L3-S1. Posterior lateral fusion as visualized from L3-S1 bilaterally. There is no documentation of pseudoarthrosis. Treatment to include medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine removal of instrumentation at L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

Decision rationale: This patient does not have physical exam neurologic findings that directly correlate with imaging studies demonstrating specific nerve root compression. In addition there is no documentation of spinal instability, fracture, tumor, or progressive neurologic deficit. The MRI did not demonstrate any region of severe spinal stenosis. There were no imaging studies that demonstrate any region of spinal instability. Criteria for spinal decompression fusion are not met in this case. With respect to his old instrumentation, there was no imaging studies included in the chart that demonstrates the presence of failure fusion. In fact the records indicate that the patient has a solid fusion from L3 to the sacrum posterior laterally. There is no evidence of failure fusion. There is no evidence of hardware malposition. There is no medical necessity for removal of hardware. Criteria not met.

Posterior L2-3 interbody fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation This patient does not have physical exam neurologic findings that directly correlate with imaging studies demonstrating specific nerve root compression. In addition there is no documentation of spinal instability, fracture, tumor, or progressive neurologic defici

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation This patient does not have physical exam neurologic findings that directly correlate with imaging studies demonstrating specific nerve root compression. In addition there is no documentation of spinal instability, fracture, tumor, or progressive neurologic defici

Decision rationale: This patient does not have physical exam neurologic findings that directly correlate with imaging studies demonstrating specific nerve root compression. In addition there is no documentation of spinal instability, fracture, tumor, or progressive neurologic deficit. There is no documentation that the patient has failure of previous fusion. The MRI did not demonstrate any region of severe spinal stenosis. There were no imaging studies that demonstrate any region of spinal instability. Criteria for spinal decompression and fusion and are not met in this case.

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.

Inpatient 3-4 day stay at [REDACTED]: 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.

Lumbar 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.

Hot/cold therapy unit with wrap (duration unknown): 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.