

Case Number:	CM14-0111553		
Date Assigned:	09/16/2014	Date of Injury:	05/24/2010
Decision Date:	10/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/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 records presented for review indicate that this 60-year-old female was reportedly injured on 24 May 2010. The most recent progress note, dated June 9, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated significant spasms of the lumbar spine and difficulty with ambulation, sitting, and standing. There was decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine revealed spondylosis at L2 - L3 through L5 - S1. There was a disc osteophyte complex at L5 - S1. Previous treatment includes injections, physical therapy, and oral medications. A request had been made for an L4 - L5 and L5 - S1 anterior/posterior lumbar fusion, three day inpatient hospital stay, graphic instrumentation, neural monitoring, a bone stimulator, walker, brace, three in one commode, a home help evaluation, a vascular consult, and postoperative physical therapy and was not certified in the pre-authorization process on June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 ANTERIOR AND POSTERIOR LUMBAR FUSION SURGERY, 3 DAY INPATIENT STAY, GRAFT INSTRUMENTATIONM NEUROMONITORING ASSISTANT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hospital Length of Stay, Updated August 22, 2014.

Decision rationale: The California MTUS/ACOEM Practice Guidelines support a spinal fusion for the treatment of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. A review of the medical records and the recent MRI does not indicate that the injured employee has any of these conditions. Considering this, the request for an anterior and posterior lumbar spine fusion at L4 - L5 and L5 - S1 is not medically necessary. Additionally, the official disability guidelines would support a three day hospital inpatient stay, however as this lumbar spine surgeries not medically necessary, neither is this request for a three day hospital inpatient stay.

BONE STIMULATOR, WALKER, BRACE 3 IN 1 COMMODE,: 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.

HOME HEALTH EVAL, HOME THERAPY: 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.

VASCULAR CONSULT WITH DR VANDERLINDEN: 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 OP Physical therapy 3X4: 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.