

Case Number:	CM14-0126842		
Date Assigned:	08/13/2014	Date of Injury:	01/07/2011
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 43 year old male who sustained an injury on 01/07/11 due to a motor vehicle accident. The injured worker has been followed for ongoing complaints of low back pain that has not improved with an extensive amount of conservative treatment to include injections, medications, physical therapy, chiropractic manipulation, acupuncture, and massage therapy. The magnetic resonance imaging (MRI) study of the lumbar spine completed on 02/25/14 noted evidence of 2 level degenerative disc disease from L4 through S1 with more severe findings at L5-S1. Due to disc bulging and degenerative changes, there was moderate to severe right and moderate left foraminal stenosis at L4-5 and milder foraminal stenosis at L4-5. Electrodiagnostic studies completed on 06/20/14 noted a normal electromyography (EMG) study of all muscles tested. The report indicated there was no evidence for a right or left lumbosacral radiculopathy. The clinical documentation from the treating provider noted instability at L4-5; however, no independent radiology reports were available for review with flexion and extension views noting evidence of instability. The most recent report from 08/25/14 noted ongoing complaints of low back pain with intermittent symptoms in the left lower extremity. The injured worker reported his pain is severe even with medications. On physical examination, there were multiple positive Waddell's findings noted without evidence of neurological deficit. The recommended laminectomy and posterolateral spinal fusion with inter body fusion from L4 through S1 with postoperative inpatient stay, preoperative medical clearance, an assistant surgeon and postoperative durable medical equipment (DME) were all denied by utilization review on 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy Posterior spinal fusion with instrumentation post lateral interbody fusion at L4-5, L5-S1: 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 Page(s): 305-307.

Decision rationale: The injured worker is noted to have 2 level lumbar degenerative disc disease at L4-5 and L5-S1 without evidence for lumbar radiculopathy on electromyography (EMG). No other imaging studies were available for review clearly noting instability, severe spondylolisthesis, or complete collapse of the disc spaces at L4-5 or L5-S1 to support surgical intervention. Furthermore, the injured worker was noted to have multiple Waddell's signs on physical examination and there was no preoperative psychological evaluation available for review ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As the clinical documentation submitted for review does not meet guideline recommendations regarding the proposed procedures, this reviewer would not have recommended the request as medically necessary.

5 Day hospital stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospitalization (Electronically sited).

Decision rationale: In review of the requested service, this reviewer would not recommend the request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore, there would be no requirement for the additional requested services for this injured worker. Therefore, medical necessity is not established.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:-American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: In review of the requested service, this reviewer would not recommend the request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore, there would be no requirement for the additional requested services for this injured worker. Therefore, medical necessity is not established.

Medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General (Electronically sited).

Decision rationale: In review of the requested service, this reviewer would not recommend the request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore, there would be no requirement for the additional requested services for this injured worker. Therefore, medical necessity is not established.

3-1 Commode, purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aides. (Electronically sited).

Decision rationale: In review of the requested service, this reviewer would not recommend the request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore, there would be no requirement for the additional requested services for this injured worker. Therefore, medical necessity is not established.

Front wheel walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aides (Electronically sited).

Decision rationale: In review of the requested service, this reviewer would not recommend the request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore, there would be no requirement for the additional requested services for this injured worker. Therefore, medical necessity is not established.

Custom molded TLSO brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back Brace, Post-operative, (Electronically sited).

Decision rationale: In review of the requested service, this reviewer would not recommend the request as medically necessary. The surgical request for the injured worker was not felt to be medically indicated. Therefore, there would be no requirement for the additional requested services for this injured worker. Therefore, medical necessity is not established.