MAXIMUS Federal Services

Case Number:	CM14-0129857		
Date Assigned:	08/20/2014	Date of Injury:	02/16/2000
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/14/2014

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 Spine Surgeon, 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 53-year-old female who reported an injury on 02/16/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was treated conservatively, which failed to provide significant relief, and ultimately underwent fusion surgery. The injured worker was evaluated on 07/31/2014. It was noted that the injured worker had recently undergone an MRI of lumbar spine. It was noted that the injured worker's MRI revealed a nonunion at the L5-S1. Physical findings included restricted range of motion of the lumbar spine secondary to pain, and tenderness to palpation of the buttocks. The injured worker had a positive straight leg raising test for back pain. The recommendation was made for removal of the fusion hardware and re-instrumentation and bone grafting of the nonunion. A Request for Authorization Form to support the request was submitted on 08/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of interspinous clamp posteriorly, fusion, instrumentation with pedicle screws and bone graft due to non-union between 7/31/2014 and 10/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hardware implant removal

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The requested removal of interspinous clamp posteriorly, fusion, instrumentation with pedicle screws and bone graft due to non-union between 7/31/2014 and 10/07/2014 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have evidence of instability identified on an imaging study and consistent with radicular symptoms that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient underwent an MRI that indicated there was a nonunion at the L5-S1. However, an independent report of this MRI was not provided for review. Furthermore, the clinical presentation of the patient does not clearly reflect instability of the spine. Therefore, surgical intervention would not be supported in this clinical situation. As such, the requested removal of interspinous clamp posteriorly, fusion, instrumentation with pedicle screws, and a bone graft due to non-union between 07/31/2014 and 10/07/2014 is not medically necessary or appropriate.

LSO Brace between 7/31/2014 and 10/7/2014: 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.

3 Inpatient days between 7/31/2014 and 10/7/2014: 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.

1 Cold therapy between 7/31/2014 and 10/7/2014: 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.

1 Recovery back system between 7/31/2014 and 10/7/2014: 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.

24 Post op physical therapy sessions: 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.