

Case Number:	CM14-0130881		
Date Assigned:	08/20/2014	Date of Injury:	07/13/2005
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
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 Neurology 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 49-year-old individual was reportedly injured on July 13, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated 6 foot, 210 pound individual who was hypertensive (155/92) who has a significant limitation in lumbar spine range of motion. There was tenderness to palpation and muscle spasm noted. Straight leg raising was positive at 60 on the right and 50 on the left. Deep tendon reflexes were intact, and there was some sensory loss in a L5 distribution. Motor function was described as 4/5. Diagnostic imaging studies objectified a disc herniation subsequent to a lumbar laminectomy. Previous treatment included lumbar laminectomy, postoperative rehabilitation, multiple medications and other pain management interventions. A request had been made for lumbar fusion and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy, medial facetectomies, microforaminotomies, w/posterolateral lumbar fusion and spinal instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As outlined in the ACOEM, spinal fusion is not recommended for chronic low back pain particularly in the absence of fracture, dislocation, tumor or infection. Based on the reported mechanism of injury, noting the date of injury, and the previous surgical intervention and by the physical examination findings and the lack of objectification of instability, fracture or infection, there is insufficient data presented to support the medical necessity of a lumbar fusion surgery. Therefore, the request is not medically necessary.

3 day inpatient 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 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.

Pre op medical clearance to include: CBC, CMP, PT, PTT, UA, EKG, Chest x-ray: 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.

Ativan prescription: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS guidelines do not support benzodiazepines (Lorazepam) for long-term use because long-term efficacy is unproven and there is a significant risk of psychological and physical dependence and/or addiction. Most guidelines limit its use to 4 weeks. As such, this request is not considered medically necessary.