

Case Number:	CM14-0164864		
Date Assigned:	10/10/2014	Date of Injury:	05/08/2012
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 57-year-old male who reported an injury on 05/08/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, epidural steroid injections, facet rhizotomy, and multiple medications. The injured worker underwent an MRI on 05/17/2013. It was noted that the injured worker had a disc bulge at L4-5 causing slight narrowing of the lateral recesses and mild foraminal narrowing bilaterally. It was also documented that there was a disc bulge at the L5-S1 and mild degenerative changes at the T12-L1 and L2-3. The injured worker was evaluated on 07/01/2014. It was noted that the injured worker had persistent low back pain complaints. Physical findings included restricted range of motion of the lumbar spine, tingling and numbness in the anterolateral thigh, anterior knee, medial leg and foot, lateral thigh, anterolateral leg and foot, and posterior leg and lateral foot, correlative of the L4-5 and L5-S1 dermatomal distributions. It was indicated that the injured worker had findings consistent with possible foot drop. The injured worker's diagnoses included cervical and lumbar discopathy, carpal tunnel syndrome/double crush syndrome, and rule out internal derangement of the bilateral shoulders, left shoulder impingement, and bilateral plantar fasciitis. Decompression and fusion was recommended for the injured worker. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 to S1 posterior lumbar interbody fusion (PLIF) with possible reduction of listhesis:
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) Treatment in Workers Compensation (TWC), Low Back Procedure Summary last updated 08/22/2014, Criteria for Lumbar Spinal Fusion

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

Decision rationale: The requested L4 to S1 posterior lumbar interbody fusion (PLIF) with possible reduction of listhesis was not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has multilevel disc bulging that could contribute to radicular symptoms that were determined during the physical examination. However, the American College of Occupational and Environmental Medicine recommends fusion surgery for patients with evidence of instability. The clinical documentation does not provide an imaging study that supports that the injured worker's lumbar spine is unstable and requires stabilization and fusion. As such, the requested L4 to S1 posterior lumbar interbody fusion with possible reduction of listhesis is not medically necessary or appropriate.

Inpatient hospital stay, QTY: 2-3 days: 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-operative medical clearance with an internist: 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.

Purchase of 3 in 1 commode, QTY: 1: 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.

Purchase of front wheel chair, QTY: 1: 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.

Purchase of ice unit, QTY: 1: 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.

Purchase of bone stimulator, QTY: 1: 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.

Purchase of TLSO (Thoracolumbar Sacral Orthosis Brace), QTY: 1: 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.