

Case Number:	CM15-0170963		
Date Assigned:	09/18/2015	Date of Injury:	08/03/2011
Decision Date:	11/18/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on August 3, 2011. Medical records indicate that the injured worker is undergoing treatment for lumbar disc herniations, bilateral sacroiliac joint radiculopathy, right shoulder impingement and history of a lumbar one compression fracture. The injured worker's condition was noted to be permanent and stationary, with a permanent partial disability. The injured worker was noted to be doing desk work duties. Current documentation dated June 22, 2015 notes that the injured worker reported persistent low back pain which radiated to the right lower extremity. Prolonged sitting, standing and walking aggravated the pain. The injured worker was unable to exercise. Examination of the lumbar spine revealed tenderness to palpation and spasm over the paralumbar musculature. Range of motion was decreased. A straight leg raise test was positive bilaterally, with absent ankle reflexes and hypoesthesia at the anterolateral aspect of the foot and ankle and sacral one dermatome levels. There was weakness of the big toe with dorsiflexion and plantar flexion, right greater than the left. Treatment and evaluation to date has included medications, electrodiagnostic studies, MRI of the lumbar spine, kyphoplasty (2013), facet blocks (2013), psychological evaluation, epidural steroid injections and physical therapy. Physical therapy did not provide lasting relief and the epidural steroid injections provided temporary relief. The injured worker was noted to have tried and failed different medications and muscle relaxants. The electrodiagnostic studies (2012) demonstrated radicular findings at the sacral one level bilaterally. The documentation notes that the MRI revealed lumbar degenerative disc disease with herniated nucleus pulposus at the lumbosacral levels. Current medications included

Fexmid. However, a complete current listing was not found in the medical records. Current requested treatments include requests for an anterior spinal fusion and posterior spinal fusion at lumbar four-five and lumbar five-sacral one, a three to five day inpatient hospital stay, surgery consultation, surgical clearance with internal medicine, 3 in 1 commode, walker, back brace, aqua guard, grabber and reacher and home health care times five (15 minutes for dressing change, supplies, times 2 weeks every 6 hours). The Utilization Review documentation dated July 31, 2015 non-certified the requests for an anterior spinal fusion and posterior spinal fusion at lumbar four-five and lumbar five-sacral one, a three to five day inpatient hospital stay, surgery consultation, surgical clearance with internal medicine, 3 in 1 commode, walker, back brace, aqua guard, grabber and reacher and home health care times five (15 minutes for dressing change, supplies, times 2 weeks every 6 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior spinal fusion, posterior spinal fusion at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints, page 307 states that lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 6/22/15 to warrant fusion. Therefore the request is not medically necessary for lumbar fusion.

Three to five day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hospital length of stay (LOS).

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, Hospital length of stay.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408; Perioperative protocol. Health care protocol. Bibliographic Source(s) Card R, Sawyer M, Degan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Debus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mr. 124p [124 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Surgical clearance with internal medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=48408; Perioperative protocol. Health care protocol. Bibliographic Source(s) Card R, Sawyer M, Degan B, Harder K, Kemper J, Marshall M, Matteson M, Roemer R, Schuller-Debus G, Swanson C, Stultz J, Sypura W, Terrell C, Varela N. Perioperative protocol. Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mr. 124p [124 references].

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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: 3 in 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME toilet items.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back brace.

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, Postoperative brace.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Aqua guard: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/10546330; Zentralbl Hyg Umweltmed. 1999 Sep; 202(5): 399-410. Elimination of viruses, phages, bacteria and Cryptosporidium by a new generation Aquaguard point-of-use water treatment unit. Grabow Q01, Clay CG, Dhaliwal W, Vrey MA, Miller EE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Grabber and reacher: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 07/10/15) - Online version, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Service: Home health care times five (15 minutes for dressing change, supplies times 2 weeks every 6 hrs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.