

Case Number:	CM15-0070939		
Date Assigned:	06/05/2015	Date of Injury:	06/19/2009
Decision Date:	07/02/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York
 Certification(s)/Specialty: Neurological 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 68 year old female, who sustained an industrial injury on June 29, 2009. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right lumbar 3 radiculitis, pseudoarthrosis, and posterior fusion syndrome. Diagnostics to date include a CTs and electromyography/nerve conduction studies. Treatment to date has included aquatic therapy, a home exercise program, a cane, and medications including topical pain, oral pain, anti-epilepsy, anti-anxiety, and muscle relaxant. On March 11, 2015, the injured worker complains of constant sever pain in her back and right leg. She reports increased pain of the bilateral episodes of the low back and 2-3 episodes of sciatica over the prior week. She is interested in a second surgery to correct her pain. The physical exam revealed a back scar, decreased lumbar flexion and extension, a positive limp, tenderness and spasms of the bilateral lumbar paraspinous and posterior iliac crest, decreased reflexes of the bilateral lower extremities, and decreased motor strength of the bilateral lower extremities including the bilateral quadriceps, left anterior tibial, left extensor hallucis longus, and left foot eversion. The requested treatments include an inpatient hospital length of stay 2-3 days following hardware removal/foraminotomy right lumbar 3-4 possible lumbar 3-4 posterior refusion lumbar 3-4, assistant surgeon and medical clearance, include electrocardiogram and labs, chest x-ray, post-surgical RN, evaluation home health aide (frequency and duration not provided), purchase of a Cybertech hard back brace and outpatient post-op physical therapy three (3) times a week for six (6) weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Surgical RN Evaluation: 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.

Associated Surgical Services: Home Health Aide (frequency and duration not provided): 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.

Associated Surgical Services: Purchase of a Cybertech Hard Back 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.

Outpatient Post-Operative Physical Therapy 3 x 6 weeks for the Lumbar Spine: 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.

Associated surgical services: Inpatient Hospital Length of Stay 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.

Associated surgical services: 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.

Associated surgical services: EKG: 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.

Associated surgical services: 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.

Hardware Removal/Foraminotomy right L3-4 possible L3-4 posterior refusion at L3-4:
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-Hardware removal.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. Lumbar spine films of 05/06/15 state there is no abnormal movement on flexion or extension seen. The operative note does not describe pathologic movement. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation. The ODG guidelines do not recommend hardware removal unless it is broken, infected or found to be a pain generator. The fact the pedicle screw was outside the pedicle was not proven to be the source of the patient's pain. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment hardware removal/Foraminotomy right L3-4 possible L3-4 posterior refusion at L3-4 is not medically necessary and appropriate.

Associated surgical services: Labs: 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.

Associated surgical services: 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 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.