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| Case Number: | CM13-0028914 | | |
| Date Assigned: | 03/19/2014 | Date of Injury: | 05/11/2012 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Medicine 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 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 claimant is a 56-year-old gentleman who injured his low back on May 11, 2012. The clinical records provided for review include the report of a June 10, 2014 MRI that showed mild spinal stenosis at L3-4 with severe bilateral neural foraminal narrowing and disc bulging at L5-S1 with possible impingement upon the exiting L5 nerve root. Plain film radiographs failed to demonstrate segmental instability. The clinical visit of June 10, 2014 describes continued low back pain, worse over the past month, with radiating lower extremity complaints. It notes that the claimant's symptoms are consistent with neurogenic claudication. Physical examination findings show 5/5 strength, negative straight leg raising, no sensory or reflexive change, and normal gait pattern. Reviewed at that time was the claimant's updated MRI scan. Based on the exacerbation of the claimant's pain symptoms, the recommendation was made for an L4 through S1 anterior and L3 through S1 posterior decompression with instrumented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single surgery: L4-S1 anterior discectomy allograft and fusion; posterior L3-S1 decompression instrumentation and fusion; posterior lumbar lami/facet/foraminotomy with decompression, reduction of spondylolisthesis, posterior instrumentation 3-6 vert, anterior instrumentation 3 vert, application of i: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: Based on the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the request for an L3 through S1 fusion cannot be supported. While the documentation indicates the claimant has stenotic findings on examination and assessment and MRI scan, there is no documentation of segmental instability or positive physical examination findings to support a three level fusion procedure. The same ACOEM Guidelines recommend lumbar fusion in situations of segmental instability, spinal fracture or dislocation. Without documentation of the above, the surgical request in this case would not be indicated. Therefore, the request for Single surgery: L4-S1 anterior discectomy allograft and fusion; posterior L3-S1 decompression instrumentation and fusion; posterior lumbar lami/facet/foraminotomy with decompression, reduction of spondylolisthesis, posterior instrumentation 3-6 vert, anterior instrumentation 3 vert, application of intervertebral biomechanical device, allograft morselized, allograft structural, allograft same local inc, fluoroscopy (one hour), anterior lumbar fusion, and additional level is not medically necessary or appropriate.

Five-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal): Hospital length of stay (LOS).

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 base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT Y/N Description 22533 Y Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar 22558 Y Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar 22634 Y Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single

interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Complete metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

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.

Urinalysis with culture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

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.

PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

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.

H&P with EKG (medical clearance): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

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.