

Case Number:	CM13-0043245		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2010
Decision Date:	03/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 physician 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 patient is a 27-year-old female who reported an injury on 12/01/2010 after she assisted a patient who was falling. The patient reportedly sustained an injury to her low back. The patient's treatment history has included nonsteroidal anti-inflammatory drugs, the application of heat, physical therapy, and a back brace. The patient underwent an MRI that revealed a 7 mm anterolisthesis with bilateral pars defect which resulted in a moderate degree of bilateral foraminal stenosis. The patient's most recent clinical evaluation submitted for review was from 05/13/2013, and documented that the patient had complaints of low back pain radiating into the bilateral lower extremities. No physical examination was provided in the documentation. However, a neurosurgical consultation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar interbody fusion L5-S1 with PEEK AND BMP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested anterior lumbar interbody fusion L5-S1 with PEEK and BMP is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends lumbar fusion for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review does provide evidence that the patient has a 7 mm anterolisthesis. However, the clinical documentation submitted for review does not provide an adequate recent assessment of the patient's deficits that would support the need for surgical intervention. The clinical documentation does indicate that the patient was referred to a neurosurgeon for further evaluation to determine the need for spinal fusion. The results of that referral were not provided for review. Therefore the need for surgical intervention at this time cannot be determined. As such, the requested anterior lumbar interbody fusion of the L-S1 with PEEK and BMP is not medically necessary or appropriate.

posterior instrumentation and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested anterior lumbar interbody fusion L5-S1 with PEEK and BMP is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends lumbar fusion for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review does provide evidence that the patient has a 7 mm anterolisthesis. However, the clinical documentation submitted for review does not provide an adequate recent assessment of the patient's deficits that would support the need for surgical intervention. The clinical documentation does indicate that the patient was referred to a neurosurgeon for further evaluation to determine the need for spinal fusion. The results of that referral were not provided for review. Therefore the need for surgical intervention at this time cannot be determined. As such, the requested posterior instrumentation and decompression are not medically necessary or appropriate.

vascular surgeon assistance: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons; Physicians as Assistants in Surgery: A 2011 Case Study.

Decision rationale: The requested vascular surgeon assistance is not medically necessary or appropriate. The American College of Surgeons 2011 Case Study: Physicians as Assistants in Surgery, does recommend an assistant surgeon for a spinal fusion. However, the clinical

documentation does not support that the patient is a surgical candidate at this time. Therefore, the need for an assistant surgeon is not indicated. As such, the requested vascular surgeon assistance is not medically necessary or appropriate.

inpatient stay for two nights: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter, Hospital Length of Stay.

Decision rationale: The requested inpatient stay for 2 nights is not medically necessary or appropriate. Official Disability Guidelines do recommend up to a 3 day hospital stay for lumbar fusion. The requested 2 nights does fall within guideline recommendations. However, the clinical documentation submitted for review does not support the need or surgical intervention at this time. Therefore, an inpatient stay would also not be supported. As such, the requested inpatient stay for 2 nights is not medically necessary or appropriate.

preoperative clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter, Pre-Operative Testing, General.

Decision rationale: The requested preoperative clearance is not medically necessary or appropriate. Official Disability Guidelines do recommend preoperative lab testing for patients who undergo hardware implantation. However, the clinical documentation submitted for review does not support this surgical intervention. Therefore, the need for preoperative clearance is also not supported. As such, the requested preoperative clearance is not medically necessary or appropriate.