

Case Number:	CM13-0046984		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2009
Decision Date:	05/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 59-year-old female who was injured in a work related accident on March 25, 2009 sustaining injury to the low back. A recent clinical assessment provided for review indicated that the claimant is with a recent discography performed on October 14, 2013 showing positive concordant disc at the L4-5 level. A clinical followup of October 17, 2013 indicated ongoing complaints of low back pain constant and persistent in nature. There was radiating pain to the right lower extremity. Formal physical examination findings on that date were not noted. It was indicated that surgical intervention in the form of an L4-5 and L5-S1 lumbar fusion would be warranted given the claimant's recent discogram findings. Previous imaging provided for review included electrodiagnostic studies of April 2, 2012 that showed no evidence of acute or chronic radicular pathology. A prior MRI report showed facet arthropathy with significant disc desiccation at the L5-S1 greater than the L4-5 level. The claimant's recent clinical evaluation with physical evaluation was not noted since June 20, 2013 where there was restricted range of motion, positive bilateral straight leg raising and radiating pain with 5-/5 bilateral quadriceps strength and diminished sensation in an S1 dermatomal fashion on the left. As stated, surgical process in the form of a two level fusion procedure was being recommended at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

"Associated surgical service"- 3-4 DAY INPATIENT STAY: 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 service"- APPLY SPINE PROSTHETIC DEVICE: 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 service"- 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.

LUMBAR SPINE FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web_, 2013, Low back – Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 12, 307.

Decision rationale: The ACOEM Guidelines regarding Spinal fusion indicate, "Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on." While there is

noted to be degenerative changes most noted at the L5-S1 level, clinical records provided for review fail to demonstrate segmental instability at the L4-5 and L5-S1 level that would necessitate the role of fusion procedure in this case. The specific request for a lumbar spine fusion is not medically necessary and appropriate.

"Associated surgical service"- SPINAL BONE AUTOGRAFT: 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 service"- VERTALIGN BRACE FOR POSTOPERATIVE USE:
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.