

Case Number:	CM13-0060374		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2011
Decision Date:	04/14/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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 61 year old who injured his low back in work related accident August 11, 2011. The clinical records for review contained an October 2013 orthopedic assessment documenting the claimant had ongoing complaints of low back and left buttock complaints. The assessment documented that the claimant has had progressive difficulty and failed conservative care including epidural injections, therapy, acupuncture, and medication management. Physical examination was documented to show weakness at EHL testing on the left at 4/5. Normal sensory examination was noted at the bilateral lower extremities with positive bilateral straight leg raising. Reviewed was a report of an MRI of the lumbar spine dated April 2013 that showed multilevel degenerative disc disease and spondylolisthesis from L2 through S1. There was disc protrusions noted at L2-3, L3-4, L5-S1. Based upon the claimant's failure with conservative treatment, a multilevel fusion procedure was recommended between L2 and S1. The treating physician specifically documented that recent radiographs demonstrated no instability in flexion/extension assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR SPINAL FUSION WITH INSTRUMENTATION L2-S1 WITH L2-S1 BILATERAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on the CA ACOEM Guidelines the proposed surgery for fusion from L2 through S1 with decompression cannot be recommended as medically necessary. The medical records document that the claimant has a degenerative process and spondylolisthesis but there is no evidence of segmental instability. The absence of segmental instability as recommended by the ACOEM would not support the role of a multi-level fusion procedure as requested.

ANTERIOR LUMBAR INTERBODY FUSION AND EXTREME LATERAL INTERBODY FUSION L2-S1 WITH PEEK CAGE, ALLOGRAFT/ AUTOGRAFT, BASIC METABOLIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on the CA ACOEM 2004 Guidelines this portion of the fusion procedure would not be indicated given the lack of documentation of instability in the claimant's clinical picture.

ASSISTANT SURGEON AND VASCULAR SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 and Milliman Care Guidelines 17th edition: assistant

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

PREOPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the 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.

BONE STIMULATOR: 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) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: low back procedure - Bone growth stimulators (BGS).

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

FOURTEEN (14) DAY COLD COOLING UNIT RENTAL: 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) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: Cryotherapy.

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

POSTOPERATIVE QUICKDRAW BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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), page 9, page 298, page 301.

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