

Case Number:	CM13-0061418		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2013
Decision Date:	04/18/2014	UR Denial Date:	11/05/2013
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 patient is a 41-year-old claimant with a date of injury of May 16, 2002. He has been treated conservatively for radiculopathy resulting from degenerative spondylosis at the L4-5, L5-S1 level with associated neural foraminal stenosis. [REDACTED] recommended an L5-S1 instrumented spinal fusion. A three day inpatient stay, elevated toilet seat, front wheeled walker, reacher/grabber, lumbar brace, external bone growth stimulator, preoperative medical clearance, and exposure to spine by a vascular surgeon was also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION (ALIF), AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

Decision rationale: The proposed L5-S1 anterior lumbar interbody fusion would not be considered medically necessary and appropriate based on the records provided in this case and the CA MTUS ACOEM 2004 Guidelines. ACOEM Guidelines do not support spinal fusion in

the absence of instability. There is some concern over instability in this case. However, only 3 millimeters of translation is noted between the L5 and S1 levels between flexion and extension radiographs. Often spondylolisthesis at this level does not progress. This claimant is diabetic and quite young. It would be in his best interests to have a decompression surgery at this level prior to proceeding to a fusion as 3 millimeters of translation is not defined as instability. Instability is defined as greater than 4.5 millimeters as recommended by the Academy of Orthopedic Surgeons. As no significant instability is present, fusion cannot be certified in this case.

THREE (3) DAY IN-PATIENT STAY AT RCRMC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

ELEVATED TOILET SEAT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

REACHER/GRABBER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

ORTHOFIX EXTERNAL BONE GROWTH STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

PRE-OP MEDICAL CLEARANCE, CHEST X-RAY, LABS, AND EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

FWW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

EXPOSURE OF THE SPINE BY VASCULAR SURGEON, SECOND SURGEON OF A DIFFERENT SPECIALTY TO EXPOSE THE SPINE FOR [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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