

Case Number:	CM13-0062041		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2008
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 48 year old gentleman who injured his low back in work related accident on 11/18/08. The claimant was noted to have a prior history of lumbar fusion in 2008 following a course of conservative care. The patient also underwent a revision fusion procedure in 2011. According to the records provided for review, the patient continues to have pain complaints. Recent imaging including a CT scan report in September of 2013 showed grade I spondylolisthesis at T12, above the level of prior fusion. Previously laminectomy was noted from L3 through L5. The patient's last physical examination was an agreed medical evaluation on July 29, 2013 where continued low back complaints were documented. Examination revealed restricted lumbar range of motion, an antalgic gait and normal motor strength, sensory and deep tendon reflexes. A revision surgical process was recommended at the L3-4 level in the form of an XLIF with PEEK cage allograft placement for treatment of the diagnosis of pseudoarthrosis at the L3-4 level. The records stated that the patient had failed conservative measures. There is a request for the above mentioned surgical procedure to include an assistant surgeon as well as preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th Edition: Assistant Surgeon Guidelines

Decision rationale: Based upon the CA ACOEM 2004 Guidelines and the Official Disability Guidelines, the proposed XLIF L3-L4 with Peek Cage Allo/Auto graft with BMP 22558, 22851 cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon would also not be medically necessary.

XLIF L3-L4 with Peek Cage Allo/Auto graft with BMP 22558, 22851: 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 Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Dynamic neutralization system (Dynesys®)

Decision rationale: When looking at ACOEM Guidelines, supported by Official Disability Guidelines, the request for XLIF L3-L4 with Peek Cage Allo/Auto graft with BMP 22558, 22851 would not be indicated. While a fusion procedure for treatment of pseudoarthrosis is common, the role of the dynamic neutralization system being requested in this case is not supported by Official Disability Guidelines particularly in the revision setting. This specific procedure, based on the patient's current clinical presentation and the specific device being recommended would not be indicated.