

Case Number:	CM14-0102314		
Date Assigned:	09/16/2014	Date of Injury:	09/18/2010
Decision Date:	10/07/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 63-year-old female with a date of injury of September 18, 2010. She is chronic low back pain. On physical examination she has reduced range of motion of the back. Straight leg raising is positive. There is weakness of the great toe. Another physical examination documents pain symptoms of L4 and L5 bilaterally however the exam documents normal sensation reflexes and strength in the lower extremities. MRI lumbar spine reveals L3-4 disc bulge at L4-5 disc bulge. There is degenerative disc condition L3-4 L4-5 and L5-S1. Treatment to date has included physical therapy epidural steroid injection and acupuncture. At issue is whether anterior lumbar fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4-L5 with extra small BMP (Bone Morphogenetic Proteins); with cell saver: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation AETNA Clinical policy, Autotransfusers, No. 0639

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back, ODG low back Chapter

Decision rationale: This patient does not meet establish criteria for anterior lumbar surgery. Specifically there is no documented evidence of instability fracture or tumor. There is no documented evidence of progressive neurologic deficit. The patient has no red flag indicators for spinal surgery such as fracture tumor or progressive neurologic deficit. There is no clear correlation between imaging studies and physical exam showing specific radiculopathy. Spinal fusion surgery not medically necessary criteria not met.

Assistant surgeon (PA): 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 cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Vascular assistant: 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 cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Bone Growth 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, low Back Chapter and http://www.odg-twc.com/odgtwc/Knee_files/bcbs_bone_stim.htm

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Oxycodone 10/325mg #60 for a ten (10) day supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS chronic pain treatment guidelines

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.