

Case Number:	CM14-0013552		
Date Assigned:	02/26/2014	Date of Injury:	10/04/2012
Decision Date:	08/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

This is a 48-year-old male with an October 4, 2012 date of injury, from cumulative trauma. A January 13, 2014 determination was non-certified. Reasons for non-certification were not included. A January 13, 2014 progress report identifies back pain rated 7-8/10 and leg pain rated 5/10. Exam revealed weakness of the bilateral ankles rated at 4+/5. Severe tensions signs, and paresthesias and dysesthesias in the buttock, thigh, and calf, right side worse than left side. December 12, 2013 progress report identified back pain rated 5-9/10. There were leg symptoms that shoot down the right leg, buttock, thigh, and calf; however, the biggest issue was the back pain. Exam revealed weakness of the bilateral ankles rated at 4+/5. Severe tensions signs, and paresthesias and dysesthesias in the buttock, thigh, and calf, right side worse than left side. Reported x-rays from 3/7/13 from Imaging Healthcare revealed 4.5mm retrolisthesis at L4-5 as well as significant spondylosis at L5-S1. 12/9/13 agreed medical evaluation identified no leg radiating symptoms. There was low back pain occasionally sharp. Exam revealed decreased range motion, positive straight-leg-raise (SLR) for back pain. Neurological exam was intact. No surgical recommendations were made. 3/7/13 Imaging Healthcare lumbar spine x-rays report revealed degenerative disc disease at L5-S1. A March 7, 2013 lumbar spine MRI report revealed a superimposed central/right paracentral disc protrusion measuring 6mm in the AP dimension and approximately 9mm in the mediolateral dimension. There was mild bilateral facet hypertrophy, mild mass effect upon the ventral aspect of the dural sac, and mild bilateral neural foraminal narrowing. At the L5/S1 level there was mild diffuse disc bulging with mild bilateral facet hypertrophy causing moderate bilateral neural foraminal narrowing. Treatment to date has included epidural injections, radiofrequency ablation, facet injections, medications, and physical therapy.

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 L4-L5 & L5-S1 with placement of PEEK Interbody Graft, Indirect Compression as well as Fusion & Instrumentation at L4-5 & L5-S1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: The California MTUS Guidelines state that 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. In addition, the Official Disability Guidelines state that PEEK dynamic stabilization (PDS) device may be an option for spondylolisthesis in elderly patients instead of fusion, which was not the case for this particular patient. In addition, despite the provider identifying lumbar x-rays with spondylolisthesis at L4-5, the formal report did not document such findings. There was also discrepancy regarding the patient's radicular findings. While the provider documents radiating lower extremity pain and weakness on exam, a recently performed agreed medical evaluation (AME) did not reveal any neurological deficits. Despite the MRI revealing possible nerve pathology at the requested levels, evidenced by a significant disc protrusion at L4-5 and moderate bilateral neural foraminal narrowing at L5-S1; given the above-cited discrepancies, the medical necessity for the request was not substantiated.

Inpatient Hospital Stay (2-days): 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for inpatient stay was also not medically necessary.

Co-Surgeon (Anterior Approach): 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for assistant surgeon was also not medically necessary.

Consult with Co-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: Given that the requested surgical procedure was not medically necessary. The requested associated request for a consult with the co-surgeon was also not medically necessary.

Pre Operative Medical Clearance (Labs): 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for preoperative clearance was also not medically necessary.

Pre-Operative Medical Clearance (chest x-ray): 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for pre-operative clearance was also not medically necessary.

Pre-Operative Medical Clearance (electrocardiogram): 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for pre-operative clearance was also not medically necessary.

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: Given that the requested surgical procedure was not medically necessary. The requested associated request for assistant surgeon was also not medically necessary.

Lumbar Back Brace: 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for lumbar brace was also not medically necessary.

Bone Growth Stimulator & Fitting in Office: 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: Given that the requested surgical procedure was not medically necessary. The requested associated request for bone growth stimulator was also not medically necessary.