MAXIMUS Federal Services

Case Number:	CM14-0016815		
Date Assigned:	04/11/2014	Date of Injury:	01/10/2008
Decision Date:	05/28/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 Pennsylvania. 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 40-year-old female whose low back was injured in a January 10, 2008, work-related accident. Clinical records provided for review include a February 27, 2014, progress report, indicating ongoing complaints of low back pain for the diagnoses of intervertebral disc degeneration and spinal stenosis. At that time, the claimant was noted to be symptomatic, reporting low back pain with radiating leg pain on the right. Physical examination showed restricted range of motion; sensory, motor and reflexive examination was described as unchanged from the previous finding of right ankle dorsiflexion and aversion weakness. Additional physical examination findings were not referenced. The records state that the claimant failed conservative care. Lower extremity electrodiagnostic studies, conducted March 8, 2013, showed evidence of bilateral S1 radiculopathy. No other imaging reports were available for review. This request is for: an L4-5 and L5-S1 decompression with interbody fusion; L5-S1 decompression; application of an intervertebral biomechanical device; a spine fixation device; laminectomy/facetectomy; removal of spinal lamina; an autograft; intraoperative neurophysiological testing; neuromuscular junction testing; an assistant surgeon; pre-operative medical clearance; a four-day post-operative inpatient stay; and posterior instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 DECOMPRESSION/POSTERIOR/LATERAL FUSION WITH TRANSFORAMINAL LUMBAR INTERBODY FUSION PER REPORT DATED 12/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to California ACOEM Guidelines, an L4-5 decompression and fusion would not be indicated in this case. While the claimant has electrodiagnostic study evidence of an S1 radiculopathy, there is no documentation in the records provided of compressive pathology at the L4-5 level or documentation of segmental instability. Absent such findings, the request for L4-5 decompression and fusion would not be medically necessary.

L5-S1 DECOMPRESSION/POSTERIOR/LATERAL FUSION WITH TRANSFORAMINAL LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: According to California ACOEM Guidelines, an L5-S1 level fusion would not be indicated in this case. While the claimant's records include electrodiagnostic studies indicative of S1 radiculopathy, there is no indication of segmental instability at the L5-S1. Absent segmental instability, the request for fusion would not be medically necessary.

APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for application of an intervertebral biomechanical device is not medically necessary.

INSERT SPINE FIXATION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for a spinal fixation device is not medically necessary.

LAMINECTOMY, FACETECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 306.

Decision rationale: Based upon the CA ACOEM Guidelines, the request for laminectomy, facetectomy cannot be recommended as medically necessary. ACOEM Guidelines recommend evidence of nerve root compression for this procedure. The records provided for review do not contain any imaging reports that identify nerve root compression to support the proposed surgery. The request for laminectomy, facetectomy is not medically necessary.

REMOVE SPINAL LAMINA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request removal of spinal lamina is not medically necessary.

AUTOGRAFT FOR SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for autograft is not medically necessary.

INTRAOPERATIVE NEUROPHYSIOLOGY TESTING: 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, Intraoperative Neurophysiological Monitoring (During Surgery)

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 - Intraoperative Neurophysiological Monitoring (During Surgery).

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for intraoperative neurophysiological testing is not medically necessary.

NEUROMUSCULAR JUNCTION TESTING: 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, Electrodianostic Studies

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- Intraoperative Neurophysiological Monitoring (During Surgery).

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for neuromuscular junction testing is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aaos.org/about/papers/position/1120.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition: Assistant Surgeon Assistant Surgeon Guidelines (Codes 21810 To 22856) CptÂ® Y/N Description.

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for an assistant surgeon is not medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://ww.guideline.gov/content.aspx?id=38289.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request pre-operative medical clearance is not medically necessary.

INPATIENT STAY 4 DAYS: 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, Hospital Length Of Stay (LOS).

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 - Fusion (Spinal) - Hospital Length Of Stay (LOS).

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for a four-day inpatient stay is not medically necessary.

POSTERIOR INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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

Decision rationale: The request for surgical intervention is not established as medically necessary in this case. Therefore, the request for posterior instrumentation is not medically necessary.