

Case Number:	CM14-0117304		
Date Assigned:	09/23/2014	Date of Injury:	09/20/2012
Decision Date:	11/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 59 year old male who sustained a work related injury on 09/20/2012 while pushing a cart on asphalt when the back wheel went into a sink hole. He twisted his back and fell. Prior treatment history has included Norco, ibuprofen, omeprazole, Nortriptyline, simvastatin, Lyrica, bone stimulator, physical therapy sessions. His prior surgical history included bilateral selective L4-L5 nerve root block in 12/2012; lumbar spine decompression in 2010; interbody fusion at L3-S1 in 03/2013. MRI of lumbar spine dated 09/16/2013 revealed degenerative changes from L2 to S1 levels. Interim report dated 07/09/2014 states the patient presented with continued burning with numbness and tingling in his feet. He complained of cramping in both calves, worse on the left and left worse than right posterior leg pain. On exam, he could forward flex to mid tibia. His sensation was diminished left medial calf and dorsum of the foot. He had 4+/5 strength in all muscle planes. He had an EMG study performed on 05/08/2014 which revealed no evidence of entrapment neuropathy or evidence of distal peripheral neuropathy in the lower extremities. He is diagnosed with status post partial laminectomy at L3-4 with central laminectomy at L4-5 and L5-S1; status post l3-S1 fusion and pseudoarthrosis at L5-S1. He has been recommended for the surgery and postoperative care that are listed below. Prior utilization review dated 07/17/2014 states the request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft QTY: 1; Bone Marrow Aspiration QTY: 1; Iliac Crest Bone graft QTY: 1; Revision at L3-4, L4-5, and L5-S1 QTY: 1; Neuromonitoring (conquest) QTY: 1; 2-3 Night stay QTY: 3; Assistant Surgeon QTY: 1; Pre-operative medical clearance QTY: 1; Bone Growth stimulator QTY: 1; Trimod brace QTY: 1; Aquatic physical therapy 2 times a weekly for 4 weeks, lumbar spine QTY: 8; and for Land physical therapy 2 times a week for 6 weeks QTY: 12 are denied as the surgery has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Indications for SurgeryFusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, Discectomy.

Decision rationale: The CA MTUSstates thatsurgical discectomy for carefully selectedpatients with nerve root compression due to lumbar disk prolapse providesfaster relief from the acute attack than conservative management; but anypositive or negative effects on the lifetime natural history of the underlyingdisk disease are still unclear. Further, ODG guidelines state that surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear . Latest report dated July 9, 2014 did not document any sign of radiculopathy per ODG criteria. Based on the CA MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Bone Marrow Aspiration QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15065211>

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Iliac Crest Bone graft QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Iliac crest donor-site pain treatment

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Revision at L3-4, L4-5, and L5-S1 QTY: 1: 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: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Neuromonitoring (conquest) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Intra-operative neurophysiological monitoring (during surgery)

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

2-3 Night stay QTY: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Hospital length of stay (LOS)Discectomy

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Assistant Surgeon QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Surgical assistant

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Pre-operative medical clearance QTY: 1: Upheld

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

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Bone Growth stimulator QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Bone growth stimulators (BGS)

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Trimod brace QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Back brace, post operative (fusion)

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Aquatic physical therapy 2 times a weekly for 4 weeks, lumbar spine QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Aquatic therapy

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.

Land physical therapy 2 times a week for 6 weeks QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Lumbar Decompression and Instrumental Fusion, Autograph, Allograft, Synthetic Graft is denied. Therefore, this request is not medically necessary.