

Case Number:	CM14-0128088		
Date Assigned:	08/15/2014	Date of Injury:	12/21/2010
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Spine Surgery and is licensed to practice in Texas. 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 California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines (ODG) state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment; however, there is no documentation of spinal instability upon flexion/extension view radiographs. There is also no documentation of the completion of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Spine Fusion L5-S1 with Decompression: 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): 305-306. Decision based on Non-MTUS Citation Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines (ODG) state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment; however, there is no documentation of spinal instability upon flexion/extension view radiographs. There is also no documentation of the completion of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Follow-Up in Two Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Collection of Venous Blood by Venipuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Handling, Conveyance, and/or any other service in connection with the implementation of if an order inv: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Phlebotomy, Therapeutic (separate procedure): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Labs (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Autologous Blood or Component, Collection Processing and Storage, Predeposited: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Kidney Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Liver Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Arthrodesis, Posterior Interbody Technique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page(s) 305-306 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal).

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.