

Case Number:	CM14-0150775		
Date Assigned:	09/23/2014	Date of Injury:	07/09/2007
Decision Date:	11/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Surgeon 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 injured worker is a 48-year-old male who reported an injury on 07/09/2007 after a slip and fall. The injured worker reportedly sustained an injury to his neck, left shoulder, left arm, left thumb, and low back. The injured worker's treatment history included physical therapy, medications, a home exercise program, and psychiatric support. The injured worker also underwent cervical discectomy and fusion at the C5-6 level. The injured worker underwent an MRI on 05/20/2014 that documented there was mild bilateral neural foraminal narrowing at the L4-5 level and mild degenerative changes without significant central canal stenosis at multiple levels. The injured worker was evaluated on 08/18/2014. It was documented that the injured worker had low back pain radiating into the bilateral lower extremities rated at 7/10. Physical findings included severely decreased range of motion secondary to pain, with some decreased sensation in the left leg, with positive nerve root tension signs. It was noted that the injured worker had an x-ray that showed a 20% scoliosis in the mid lumbar spine secondary to an asymmetric collapse at the L2-3, L3-4, and L4-5 discs. The injured worker's diagnoses included displacement of the lumbar intervertebral disc without myelopathy, degenerative lumbar intervertebral disc disease, and lumbosacral spondylitis with mild myelopathy. Surgical intervention was recommended. A Request for Authorization was submitted on 08/29/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient x4-5 days:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home health care initial visit and 1-2 for skilled observation for wound care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Intraoperative neurophysiological monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

L2-5 extreme lateral interbody fusion, L2-5 posterior fusion, with first assist, [REDACTED]: Upheld

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

12th Edition (web), 2014, Low Back fusion (spinal),Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF

Decision rationale: The American College of Occupational and Environmental Medicine recommends spinal fusion for patients who have documented instability with clear clinical examination findings of radiculopathy consistent with pathology identified on an imaging study. The imaging study provided for review does not provide any significant pathology involving the nerve roots. Therefore, surgical intervention would not be supported in this clinical situation. Additionally, the American College of Occupational and Environmental Medicine recommends psychological evaluation prior to surgical intervention of the spine. The clinical documentation does indicate that the injured worker has been receiving treatment from a psychiatrist for major depressive disorder. However, surgical clearance was not identified within the documentation. Although the specific surgical intervention is not addressed in the American College of Occupational and Environmental Medicine, Official Disability Guidelines do not support the use of extreme lateral interbody fusion over a more traditional posterior or anterior approach. The clinical documentation does not provide any discussion on the need to extend treatment beyond guideline recommendations. As such, the requested L2 to L5 extreme lateral interbody fusion, L2 to L5 posterior fusion with first assistant [REDACTED] is not medically necessary or appropriate.

Post-Op physical therapy 2x6 right knee, to include aquatic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal),Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306,Postsurgical Treatment Guidelines Page(s): 306.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op lumbar brace (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306,Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op orthofix 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, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op vascultherm cold therapy unit x14 days (rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op labs, CBC, with Diff, CMP, PT, PTT, and UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op chest x-ray 2 views: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion

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 Chapter, XLIF.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.