

Case Number:	CM14-0152898		
Date Assigned:	09/23/2014	Date of Injury:	08/31/2012
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The patient is a 35 year old female who sustained an industrial injury on 8/31/2012. She attempted to lift 30-lb box from a leaning position while twisting. Treatment has included physical therapy, ESI x 2, and medications. The prior peer review report dated 9/3/2014 rendered non-certification of the request for anterior lumbar interbody fusion L5-S1, surgical assistant, pre-op medical clearance - EKG and labs, and 1 day inpatient stay. A peer to peer discussion with the treating physician was performed. The patient has primarily back pain and there is no instability. The provided suggested diagnostic facet injections may be beneficial. The medical necessity for lumbar fusion was not established, and the request not supported by the guidelines. A 5/30/2014 lumbar MRI revealed L5-S1 disc desiccation with loss of disc height and associated type I Modic degenerative changes and L5-S1 focal disc herniation measuring 6mm. Lumbar spine MRI dated 5/6/2014 reveals focal degenerative disc disease at L5-S1, consisting of disc space narrowing and endplate degenerative changes. A 1.0 x 0.7 cm right paracentral disc extrusion is detected along the inferior aspect of a diffuse L5-s1 disc bulge. The extrusion is located posterior to the S1 vertebral body, abutting the right S1 nerve root. There is no significant central canal stenosis. A 6/3/2014 EMG/NCV revealed mild acute L5 radiculopathy on the right. According to the 8/26/2014 follow-up report, the patient has low back pain that radiates down bilateral lower extremities. She also reports numbness and tingling in the lower extremities. Back pain is rated 8/10. Physical examination reveals pain with limited lumbar flexion and extension, + right SLR at 20 degrees, normal SLR on left, 5/5 BUE and BLE strength, mild decrease sensation in right L5 distribution, and 1+/2+ symmetrical reflexes bilaterally. Diagnosis lumbosacral spondylosis without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc. Authorization for L5-S1 ALIF and preoperative clearance are requested. Medications are refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Statement Reimbursement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The medical records do not establish the patient has been authorized to under lumbar fusion surgery, as the request is not supported by the evidence based guidelines. In absence of surgical intervention, consideration for surgical assistant is not medically necessary.

Pre-Op Medical Clearance - EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologic Practice Advisory for Pre-anesthesia Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general

Decision rationale: The medical records do not establish the patient has been authorized to go under lumbar fusion surgery, as the request is not supported by the evidence based guidelines. In absence of pending surgical intervention, preoperative medical clearance - EKG, is not medically necessary.

1 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) Low Back, Hospital length of stay (LOS)

Decision rationale: The medical records do not establish the patient has been authorized to under lumbar fusion surgery, as the request is not supported by the evidence based guidelines. In absence of surgical intervention, 1 day inpatient stay is not medically necessary.