

Case Number:	CM14-0154978		
Date Assigned:	09/25/2014	Date of Injury:	03/18/1996
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 injured worker is a 42-year-old female who reported an injury on 03/18/1996 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker was treated conservatively with physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI on 07/22/2014 that documented the injured worker had a slight retrospondylolisthesis at the L1 on the L2 without significant stenosis, a mild disc protrusion at the L2-3 without significant stenosis, a mild disc protrusion at the L3-4 causing mild lateral recess stenosis, a grade 1 retrospondylolisthesis at the L4-5 with mild bilateral recess stenosis. Injured worker was evaluated on 08/14/2014. It was documented that the injured worker complained of continued low back pain radiating into the bilateral upper extremities. The injured worker's physical exam findings included good range of motion of the lumbar spine with 1+ reflexes of the lower extremities bilaterally and 4/5 motor strength in the extensor hallucis longus bilaterally. An anterior lumbar interbody fusion with posterior decompression and instrumented fusion at the L4-5 and L5-S1 was recommended as the injured worker had documented instability identified on the imaging study in conjunction with radicular symptoms. A Request for Authorization Form dated 08/21/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 anterior lumbar interbody fusion with posterior decompression and instrumented fusion at L4-5 and L5-S1, autograft, allograft, bone marrow aspiration, and neuromonitoring (conquest) @ [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has had persistent radicular symptoms recalcitrant to conservative treatment. The clinical documentation did provide an imaging study that identifies the pathology consistent with the injured worker's clinical presentation. The ACOEM Guidelines recommend fusion surgery for documented instability. However, the ACOEM Guidelines recommend a psychological evaluation prior to spine surgery. The clinical documentation submitted for review does not include a psychological evaluation to determine risk factors that would contribute to delayed recovery postsurgically. As such, the requested 1 anterior lumbar interbody fusion with posterior decompression and instrumented fusion at L4-5 and L5-S1, autograft, allograft, bone marrow aspiration, and neuromonitoring (conquest) @ [REDACTED] is not medically necessary or appropriate.

3 days in-patient hospital stay @ [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 (ODG)

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

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

2 assistant surgeons: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 pre-op medical clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 bone stim unit: Upheld

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

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

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

1 back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

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

8 post-op aquatic physical therapy sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 post-op physical therapy sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.