

Case Number:	CM14-0052716		
Date Assigned:	07/09/2014	Date of Injury:	02/01/2013
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 44-year-old male with a reported date of injury of 02/01/2013. The mechanism of injury was noted to be lifting boxes. His diagnoses were noted to include spondylosis, spondylolisthesis of the lumbosacral spine, lumbar radiculopathy, and degenerative changes of both knees. His previous treatments were noted to include physical therapy, chiropractic treatment, back support, knee braces, medications, and epidural steroid injections. The provider reported an MRI of the lumbosacral spine dated 04/09/2013 which indicated chronic bilateral L5 pars interarticularis defect, with grade 1 anterolisthesis of L5 on S1, and due to anterolisthesis, there was moderate bilateral neural foraminal narrowing at L5-S1, with mild mass effect on the anterior L5 nerve roots. The progress note dated 12/04/2013 revealed the injured worker complained of 8/10 to 9/10 pain and continued to complain of low back pain. The physical examination of the lower extremities revealed sensation was altered along the L5-S1 distribution on the right side and also on the left side. The motor strength was noted to be 3/5 in the tibialis anterior. The progress note dated 02/06/2014 revealed the injured worker had an epidural on 01/20/2014 and it helped a bit for 2 weeks. However, the pain came back. The physical examination of the lower extremities noted motor strength was rated 4/5 in the tibialis anterior and 5/5 on the rest. The injured worker was evaluated on 03/20/2104. It was noted that the injured worker had persistent lumbar spine complaints that had railed conservative treatment. The physical findings included 4+/5 timialis anterior strength and extensor hallus longus on the right side with decreased sensation and a positive straight leg test along the dorsolateral foot. A request was made fusion surgery from the L4-S1 with post-operative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 1: L4-L5 ALIF with BPM and Alograft, Stage 2 MIS PSF L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Bone growth stimulators (BGS).

Decision rationale: The California Medical Treatment Utilization Schedule recommends fusion surgery in instances with instability for patients who have physical findings of radiculopathy consistent with imaging pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has persistent radicular findings in the L5-S1 distribution consistent with pathology identified on an imaging study. The California Medical Treatment Utilization Schedule does not specifically address this treatment. However, Official Disability Guidelines do not recommend the use of bone morphogenic protein as there is a lack of clear scientific evidence to support the efficacy and safety of this treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested stage 1 L4-5 ALIF with BMP and allograft and stage 2 MIS PSF L4-S1 is not medically necessary or appropriate.

One Day In-Patient Saty: 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), Low Back Chapter, Hospital Length of Stay.

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.

Co-Surgeon for Anterior Approach: 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.

Assistant Surgeon: 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.

Lumbar Back Brace Purchase: 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), Treatment Index, 12th Edition (web) Low Back Chapter, Back Brace.

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.

Bone Growth Stimulator Rental or Purchase & Fitting: 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) Low Back Chapter bone growth stimulators.

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.

Preoperative Clearance to Include Labs & 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 (ODG) Low Back Chapter. Preoperative testing.

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.