

Case Number:	CM14-0065423		
Date Assigned:	07/11/2014	Date of Injury:	12/21/2009
Decision Date:	09/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 records, presented for review, indicate that this 60-year-old individual was reportedly injured on December 21, 2009. The mechanism of injury was noted as involvement in a motor vehicle event. The most recent progress note, dated January 20, 2014, indicated that there were ongoing complaints of low back pain. This evaluation occurred several months after a hardware removal from a previous fusion surgery. The physical examination demonstrated an alert, oriented individual with an altered gait pattern and motor function was intact. Diagnostic imaging studies objectified multiple level degenerative changes (desiccation) throughout the thoracic and lumbar spine. Changes of previous lumbar fusion and hardware insertion were also reported. Previous treatment included lumbar surgery, multiple medications, and other pain management interventions. A request had been made for lumbar fusion, vascular surgeon in surgery and vascular surgeon consultation, preoperative medical clearance and DME ice therapy, lumbar brace and a 2 day inpatient stay and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION, POSTERIOR DECOMPRESSION AND STABILIZATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Low Back Disorders: Clinical Measures; Surgical Considerations-Spinal Fusion (Electronically Cited).

Decision rationale: As outlined in the ACM guidelines, spinal fusion is not recommended for chronic low back pain. Furthermore, this is not recommended in the absence of fracture, dislocation or complications of tumor or infection. None of these maladies is noted to exist. Therefore, when noting the date of injury, the injury sustained, the treatment rendered and the current physical examination, there is insufficient data presented to support the medical necessity of this procedure. Therefore, Anterior Lumbar Interbody Fusion, Posterior Decompression and Stabilization is not medically necessary.

VASCULAR SUREGON CONSULT WITH [REDACTED]: Upheld

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

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 chapter, updated August 2014.

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

[REDACTED] VASCULAR SURGEON IN SURGERY: Upheld

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

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 chapter, updated August 2014.

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

PRE-OP MEDICAL CLEARNACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

DEM: ICE UNIT:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014.

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

LUMBAR BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Low Back Disorders-Clinical Measures; Devices (Electronically Cited).

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

2 DAY INPATIENT STAY: Upheld

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

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 chapter, updated August 2014.

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