MAXIMUS Federal Services

Case Number:	CM14-0066303		
Date Assigned:	07/02/2014	Date of Injury:	07/26/2001
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/10/2014

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 53-year-old female who reported an injury on 07/26/2001. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back resulting in multiple surgical interventions to include global fusion of the L4-5 followed by hardware removal. The patient was evaluated on 03/06/2014. It was documented that the patient had a positive femoral nerve stretch test bilaterally with painful range of motion. The injured worker's diagnoses included L3-4 spinal stenosis with neurogenic claudication. A treatment recommendation was made for an L3-4 fusion. The patient underwent an MRI on 01/24/2014. It was documented that the injured worker had mild disc bulging at the L3-4 with facet hypertrophy and moderate buckling of the ligamentum flavum. Evidence of mild to moderate canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 extreme lateral L3-L4 interbody fusion with PEEK cage filled with bone morphogenic protein.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Bone Morphogenetic Protien (BMP).

Decision rationale: The requested extreme lateral L3-4 interbody fusion with PEEK cage filled with bone morphogenetic protein is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to conservative treatment and has mild to moderate central canal stenosis with radicular symptoms correlating with dermatomal distributions. California Medical Treatment Utilization Schedule recommends fusion surgery for patients who have disabling clinical findings consistent with pathology identified on an imaging study that has failed to respond to conservative treatments. However, the request includes a PEEK cage filled with bone morphogenetic protein. Official Disability Guidelines do not recommend the use of bone morphogenetic protein, as there is a lack of scientific evidence to support the safety and efficacy of this treatment for routine use. The clinical documentation submitted for review does not provide any evidence to support the need to extend treatment beyond guidelines recommendations. As such, the requested extreme lateral L3-4 interbody fusion with PEEK cage filled with bone morphogenetic protein is not medically necessary or appropriate.

Posterior lumbar L3-L4 laminectomy at Mercy General Hospital: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The request for posterior lumbar L3-4 laminectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends laminectomies for patients with physical findings and functional deficits consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has an L4-5 and L5-S1 global fusion. Additional surgical intervention at the adjacent level would cause instability requiring fusion surgery. The request does not include an appropriate fusion surgery for this patient. A concurrent request includes fusion with bone morphogenetic protein, which is not supported by guideline recommendations. Therefore, the requested surgical intervention would also not be supported. As such, the requested posterior lumbar L3-4 laminectomy is not medically necessary or appropriate.

3 day inpatient sugery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute &Chronic).

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 somatosensory evoked potential (intra-operative) Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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 home health consisting of an initial and 2 follow visits: skilled nurse for skilled observation of post operative status, incision healing, pain management, home safety, and equipment needs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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.