

Case Number:	CM14-0068311		
Date Assigned:	08/08/2014	Date of Injury:	02/07/2005
Decision Date:	09/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Orthopedic Spine 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:

This patient is a 66-year-old female with chronic back pain. Lumbar x-rays including flexion-extension films show grade 1 borderline grade 2 spondylolisthesis at L4-5 and L5-S1. MRI of the lumbar spine from 2014 shows L3-4 moderate stenosis. There is L4-5-3 millimeters spondylolisthesis without central stenosis. At L5-S1 there is 9 mm spondylolisthesis with left lateral recess stenosis. Treatment to date include medications and lumbar facet injections. At issue is whether multilevel anterior lumbar interbody fusion along with posterior instrumentation decompression with fusion a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4-L5, L5-S1 (staged): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.
Decision based on Non-MTUS Citation Official Disability Guidelines - low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically, the medical records do not document abnormal instability at any lumbar level. There is no documentation of more than 5 mm of motion on flexion-extension views. There is

no documentation of significant instability. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. The request is not medically necessary and appropriate.

Posterior lumbar fusion with instrumentation L4-S1 and interlaminar decompression L3-L4. Possible Co-Flex (staged): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically, the medical records do not document abnormal instability at any lumbar level. There is no documentation of more than 5 mm of motion on flexion-extension views. There is no documentation of significant instability. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Established criteria for multilevel fusion surgery not met. Also, the patient does not meet criteria for lumbar decompressive surgery because there is no clear correlation between MRI imaging study and physical examination showing specific radiculopathy along with specific compression of the nerve root on imaging studies. Criteria for both decompressive and fusion surgery not met.

Co-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 med 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 med necessary, none of the associated services are medically necessary.

Inpatient stay 3-5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- 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 med necessary, none of the associated services are medically necessary.

Pre-operative medical clearance/consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - preoperative testing.

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

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