

Case Number:	CM14-0082773		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2011
Decision Date:	10/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Neurological 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 47 year-old male was reportedly injured on 11/15/2011. The mechanism of injury is noted as cumulative injury as a result routine daily duties. The most recent progress note, dated 4/22/2014, indicates that there were ongoing complaints of cervical spine, bilateral shoulder, and lumbar spine pain. The physical examination demonstrated cervical spine: positive tenderness to palpation at the cervical paraspinal vertebral muscles, positive Spurling's and axial loading compression test are positive. Pain with terminal motion. Bilateral shoulders: positive tenderness to palpation in the anterior glenohumeral region and subacromial space. Positive Hawkins/impingement sign. Reproducible symptomology around the AC joint. Lumbar spine: positive tenderness to palpation at the lumbar paravertebral muscles. Palpable spasms in the paravertebral muscles. Pain with terminal motion. Seated nerve root test is positive. Decreased sensation in the lateral 5, anterior/lateral leg as well as foot. (L-5 dermatomal pattern). Decreased muscle strength in the EHL muscles and L5 innervated muscle. Diagnostic imaging studies including an MRI of the lumbar spine dated 3/6/2014, which reveals straightening of the lumbar spine, mild degenerative disc and facet joint disease. Previous treatment includes epidural steroid injections, chiropractic care, physical therapy, medications, and conservative treatment. A request had been made for L4-5 posterior lumbar fusion with instrumentation and neural decompression, iliac crest Marrow aspiration/harvesting, possible junctional levels, decision for medical clearance, and inpatient hospital stay 2-3 days, and was not certified in the pre-authorization process on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ILIA CREST MARROW ASPIRATION/HARVESTING, POSSIBLE JUNCTIONAL LEVELS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic). Updated 8/22/2014. Iliac Crest Donor-Site Pain Treatment.

Decision rationale: ODG guidelines state that iliac crest bone graft is typically harvested for surgery requiring spinal fusion. After review the medical records provided the requested surgical procedure has not been authorized at this time. Therefore, this request is deemed not medically necessary.

MEDICAL CLEARANCE, INTERNIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>; Danielson D, Bjork K, Card R, Foreman J, Harper C, RoemerR, Stultz J, Sypurs W, Thompson S, Webb B, "Pre-operative Evaluation" Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61 . (36 references)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual. Introduction to Care of the Surgical Patient: Care of the Surgical Patient.

Decision rationale: CA MTUS and ODG do not specifically address this issue, therefore, alternative medical references were used for citation. The Merck manual states surgical patients often involve nonsurgical consultants such as primary care physicians, internal medicine specialist and subspecialists to provide preoperative risk assessments prior to surgical procedures. After review the medical documentation provided the patient's requested surgical procedure has not been authorized at this time. Therefore, this request is deemed not medically necessary.

L4-L5 POSTERIOR LUMBAR INTERBODY FUSION W/ INSTRUMENTATION, NEURAL DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (UPDATED 03/31/14) Fusion, Decompression; Official Disability Guidelines, Indications for Surgery, Discectomy/Laminectomy

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

Decision rationale: ACOEM practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records document a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. After review the medical records provided I was unable to identify any of the above listed criteria in the treatment records provided. Given the lack of documentation to support the need for the surgery, this request is not considered medically necessary.

IN-PATIENT STAY 2-3 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, Low Back (updated 03/31/14) Hospital Length of Stay

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 - Lumbar & Thoracic (Acute & Chronic). Length of stay. 8/22/2014.

Decision rationale: ODG guidelines recommend 3 days inpatient hospital stay status post lumbar fusion. After review the medical records provided the requested surgical procedure has not been authorized at this time. Therefore, the request for inpatient hospital stay is deemed not medically necessary.