

Case Number:	CM14-0086988		
Date Assigned:	08/08/2014	Date of Injury:	11/06/1998
Decision Date:	09/11/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 injured worker is a 53 year old male who sustained an injury on 11/06/98. No specific mechanism of injury was noted. The injured worker had been recommended for an anterior lumbar interbody fusion followed by posterolateral spinal fusion from L3 through S1. From the information available, the injured worker did have prior conservative treatment to include physical therapy and epidural steroid injections. It is noted that the injured worker had a previous psychiatric history. There was a response to a denial for surgery on 05/21/14 which reported a lytic spondylolisthesis at L5-S1 with degenerative disc disease at L3-4 and L4-5. No imaging studies were available for review. The injured worker was recommended for a surgical intervention. Otherwise, no clinical information was available for review. The requested anterior lumbar interbody fusion as well as posterior spinal fusion with preoperative medical clearance to include chest x-rays, electrocardiogram, laboratory studies, as well as a vascular surgeon and a postoperative lumbosacral orthotic brace were all denied by utilization review on 05/16/14.

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 spinal fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) - Low Back Chapter Fusion (spinal).

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

Decision rationale: In regards to the requested anterior lumbar interbody fusion as well as posterior spinal fusion, this reviewer would not recommend the request as medically necessary based solely on the paucity of clinical information available for review. The injured worker is reported to have a lytic spondylolisthesis at L5-S1 as well as significant degenerative disc disease at L3-4 and L4-5. Although these conditions would make surgery a definite alternative treatment option, there is limited clinical documentation available for review to allow this reviewer to support the surgical request. There were no imaging studies available for review as well as any evidence of current physical examination findings which would support surgical intervention. Therefore, the request for Anterior lumbar interbody fusion & posterior spinal fusion is not medically necessary.

Pre-operative Medical Clearance with 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/summary/summary.aspx?doc_id=12973&nbr=6682&ss6&x1=999.

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, Pre-operative Testing, General.

Decision rationale: In regards to the request for preoperative medical clearance with an internist, this add-on request would not be supported as medically necessary. The requested surgical procedures were not supported as medically appropriate. Therefore, there would be no requirement for this add-on request. As such, the requested Pre-operative Medical Clearance with Internist would not be considered medically necessary at this time.

Pre-operative chest x-ray: 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, general.

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, Pre-operative Testing, General.

Decision rationale: In regards to the request for preoperative medical clearance with chest x-ray, this add-on request would not be supported as medically necessary. The requested surgical procedures were not supported as medically appropriate. Therefore, there would be no requirement for this add-on request. As such, the requested Pre-Operative Chest X-ray would not be considered medically necessary at this time.

Pre-operative EKG (Electrocardiogram): 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 EKG (electrocardiogram).

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, Pre-operative Testing, General.

Decision rationale: In regards to the request for preoperative medical clearance with an electrocardiogram, this add-on request would not be supported as medically necessary. The requested surgical procedures were not supported as medically appropriate. Therefore, there would be no requirement for this add-on request. As such, the requested Pre-Operative EKG (Electrocardiogram) would not be considered medically necessary at this time.

Pre-operative lab: CBC with DIFF, CMP, PT, PTT, UA, Vitamin D Serum: 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 lab testing.

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, Pre-operative Testing, General.

Decision rationale: In regards to the request for preoperative medical clearance with lab testing, this add-on request would not be supported as medically necessary. The requested surgical procedures were not supported as medically appropriate. Therefore, there would be no requirement for this add-on request. As such, the requested Pre-operative lab: CBC with DIFF, CMP, PT, PTT, UA, and Vitamin D Serum would not be considered medically necessary at this time.

Vascular surgeon to assist with the surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assistant surgeon coverage http://files.medical.ca.gov/pubdocs/publications/masters-mtp/part2/surgmuscu_m01o03.doc <http://www.fchp.org/NR/rdonlyres/9FD61BA7-2985-4350-A3F0-29B8FE5C2865/0/Assistantsurgeonpaymentpolicy.pdf>.

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: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

Decision rationale: In regards to the request for a vascular surgeon, this add-on request would not be supported as medically necessary. The requested surgical procedures were not supported as medically appropriate. Therefore, there would be no requirement for this add-on request. As such, the requested Vascular Surgeon To Assist With The Surgery would not be considered medically necessary at this time.

Post operative LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back Chapter.

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, Back Brace, Post-operative.

Decision rationale: In regards to the request for post-operative lumbar brace, this add-on request would not be supported as medically necessary. The requested surgical procedures were not supported as medically appropriate. Therefore, there would be no requirement for this add-on request. As such, the requested service Post-operative LSO brace would not be considered medically necessary at this time.