

Case Number:	CM14-0089632		
Date Assigned:	07/23/2014	Date of Injury:	09/15/2001
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation 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 case involves a 56-year-old gentleman who was reportedly injured on September 15, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of low back pain. Current medications include Anaprox, Gabapentin, Norco, and Prilosec. The physical examination demonstrated tenderness and spasms over the cervical and lumbar spine with decreased range of motion. There was decreased sensation at the C6 and L5 dermatomes bilaterally. Diagnostic imaging studies of the lumbar spine indicated disk desiccation from L3 to S1 with disc collapse at L5-S1. Flexion extension views of the lumbar spine did not show any motion at this level. There was also a retrolisthesis of L5 on S1 noted. Previous treatment included a cervical spine fusion at C5-C6 and C6-C7. A request had been made for a transforaminal lumbar interbody fusion with instrumentation and bone grafting of L5-S1, a three day inpatient hospital stay, an assistant surgeon, and two units of autologous blood donation which was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion instrumentation and bone grafting of Lk-S1, iliac crest bone graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Official Disability Guidelines (ODG) Treatment Index, 9th Edition, web 2011.

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) ACOEM - California Guidelines; Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (electronically cited).

Decision rationale: The 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 documents a diagnosis of lumbar radiculopathy but fails to demonstrate any of the criteria for a lumbar fusion. Flexion extension views of the lumbar spine did not show any motion or instability. Considering this, the request for a lumbar interbody fusion with instrumentation and bone grafting of L5-S1, with iliac bone graft is not medically necessary.

Three-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Official Disability Guidelines (ODG) Treatment Index, 9th Edition, web 2011.

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 and Thoracic, Hospital Length of Stay, Updated August 22, 2014.

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

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Official Disability Guidelines (ODG) Treatment Index, 9th Edition, web 2011.

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 and Thoracic, Assistant Surgeon, Updated August 22, 2014.

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

Two units of autologous blood donation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Official Disability Guidelines (ODG) Treatment Index, 9th Edition, web 2011.

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: <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000367.htm>.

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