

Case Number:	CM14-0192244		
Date Assigned:	11/25/2014	Date of Injury:	07/30/2014
Decision Date:	01/21/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

According to the records made available for review, this is a 31-year-old male with a 7/30/14 date of injury. At the time (10/22/14) of request for authorization for anterior lumbar interbody fusion L5-S1, co-surgeon - vascular surgeon for the anterior approach, consult with vascular surgeon, assistant surgeon, labs, chest x-ray fitting, lumbar back brace, electrocardiogram, 2 day inpatient stay, pre-operative medical clearance, and bone growth stimulator, there is documentation of subjective (low back pain) and objective (tenderness over the lumbar spines, decreased range of motion, 5/5 motor examination, normal sensation to light touch, and 2+ deep tendon reflexes) findings. MRI of the lumbar spine (9/26/14) report revealed moderate multilevel degenerative findings with mild to moderate right neural foraminal narrowing at L5-S1 level caused by combination of facet hypertrophy and right eccentric disc bulges. The current diagnoses are chronic intractable lower back pain and lumbar spondylosis and retrolisthesis. The treatment to date includes medications, chiropractic therapy, and physical therapy. Regarding anterior lumbar interbody fusion L5-S1, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies; accompanying objective signs of neural compromise; and an indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability or a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Within the medical information available for review, there is documentation of diagnoses of chronic intractable lower back pain and lumbar spondylosis and retrolisthesis. In addition, given documentation of imaging findings (MRI of the lumbar spine identifying moderate right neural foraminal narrowing at L5-S1 level), there is documentation of abnormalities on imaging studies (L5-S1). Furthermore, there is documentation of activity limitations due to radiating leg pain for more than one month. However, despite nonspecific documentation of subjective (low back pain) findings, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies. In addition, given documentation of objective (5/5 motor examination, normal sensation to light touch, and 2+ deep tendon reflexes) findings, there is no documentation of accompanying objective signs of neural compromise. Furthermore, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for anterior lumbar interbody fusion L5-S1 is not medically necessary.

Co-surgeon - vascular surgeon for the anterior approach: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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.

Consult with vascular surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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.

Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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.

Chest x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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.

Fitting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

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.

Lumbar back brace: 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 medically necessary, none of the associated services are medically necessary.

Electrocardiogram: 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 medically necessary, none of the associated services are medically necessary.

2 day inpatient stay: 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 medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance: 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 medically necessary, none of the associated services are medically necessary.

Bone growth stimulator: 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 medically necessary, none of the associated services are medically necessary.