

Case Number:	CM14-0197338		
Date Assigned:	12/12/2014	Date of Injury:	09/29/2011
Decision Date:	01/31/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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 and is licensed to practice in Minnesota. 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 45-year-old female with a date of injury of 9/29/2011. She slipped on gravel in a parking lot and injured her lower back. She was treated with physical therapy which only made her pain worse. She had an MRI scan which showed a large right paracentral disc herniation at L4-5. She underwent surgery on 2/1/2012 consisting of right L4-5 laminectomy and discectomy. The surgery helped slightly but she continued to have low back pain and bilateral lower extremity pain. An MRI scan of the lumbosacral spine was performed on 3/14/2013 which showed broad-based bulges at L3-4, L4-5, and L5-S1. There was moderate to severe bilateral neural foraminal narrowing and facet arthrosis at L5-S1. She then had a spinal cord stimulator trial which was successful. A spinal cord stimulator was placed on 9/3/2013. This only relieved her leg pain by 10%. There was a repeat MRI scan done on 6/25/14 which showed findings similar to the MRI of 3/14/13. The disputed issue pertains to a request for L5-S1 anterior lumbar interbody fusion, L4-5 total disc arthroplasty, and L5-S1 posterior fusion with instrumentation. This was noncertified by utilization review citing MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient L5-S1 anterior lumbar interbody fusion (ALIF), L4-5 total disc arthroplasty, L5-S1 posterior fusion with instrumentation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Low back, Topic: Disc Prosthesis.

Decision rationale: California MTUS guidelines do not recommend a spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. Patients with instability after surgical decompression at the level of the degenerative spondylolisthesis may be candidates for fusion. "There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as much better in the surgical group worsens 14% much better in the non-fusion group (a 15% greater chance of being much better) versus a 17% complication rate including 9% life-threatening or reoperation". The available documentation does not indicate any instability at L5-S1 necessitating a fusion..California MTUS does not address total disc arthroplasty. ODG guidelines were therefore used. ODG guidelines do not recommend artificial disc replacement as a strategy for treating degenerative disc disease of the lumbar spine. Based upon the above guidelines, the requests for spinal fusion and total disc arthroplasty are not supported and as such, the medical necessity of these procedures is not substantiated.

3 day hospital 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.

Co-surgeon for vascular approach: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary requests are not applicable.

Intraoperative neurophysiological monitoring: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310..

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

Pre-operative clearance exam, EKG: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310..

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are not applicable.

Pre-op labs : CMP, CBC, with diff, PT, PTT and UA: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: The requested surgery is not medically necessary. Therefore the preop labs are also not medically necessary.

Pre-operative chest x-ray 2 views: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310..

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are not applicable.

Lumbar brace: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are not applicable.

30 day rental of a cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310..

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.

1 skilled RN evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are not applicable.

12 sessions of PT for the lumbar - possibly including aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305, 306, 307, 310..

Decision rationale: The requested surgery is not medically necessary. Therefore the ancillary services are also not medically necessary.