

Case Number:	CM15-0008975		
Date Assigned:	01/27/2015	Date of Injury:	10/29/2001
Decision Date:	04/01/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

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 71-year-old male truck driver had the onset of low back pain after shoveling gravel, changing a tire and then having a tailgate fall on him on 10/29/2001. Initially he had pain in his left arm, shoulder, back, and both legs. On 05/10/2002, he underwent left shoulder surgery for an impingement syndrome. No rotator cuff tear was found. X-rays on 7/24/2001 showed a L4-5 grade one spondylolisthesis. The diagnoses have included chronic severe low back pain, bilateral sciatica, and neurogenic claudication symptoms. Treatments to date have included physical therapy, multiple lumbar epidural injections, and medications. Diagnostics to date have included lumbar spine computed tomography scan which showed spondylolisthesis at L4-5 along with severe stenosis at this level along with foraminal stenosis at both L4-5 and L5-S1 and lumbar spine MRI on 08/27/2014 showed advanced degenerative disc space changes at L5-S1, grade I L4-5 spondylolisthesis, severe/near critical stenosis at L4-5, broad bases protrusion with moderate bilateral lateral recess stenosis at L5-S1, and very severe foraminal stenosis at both L4-5 and L5-S1. In a progress note dated 11/20/2014, the injured worker presented with complaints of constant 8/10 aching lumbosacral back pain, as well as intermittent severe sharp stabbing pains involving bilateral legs. The treating physician reported the injured worker has been on multiple different pain medications with minimal pain relief and treatment requires extensive decompression at both L4-5 and L5-S1, including bilateral facetectomies to completely decompress his neural foramina. Utilization Review determination on 12/17/2014 non-certified the request for L4-5, L5-S1 Transforaminal Lumbar Interbody Fusion with Pedicle Screw Instrumentation, Inpatient Stay x 3 Days, Assistant Surgeon, Postoperative DME (Durable

Medical Equipment) Purchase: Aspen LSO (Lumbosacral Orthotic) Brace, Postoperative DME Purchase: External Bone Growth Stimulator, Medical Clearance for Surgery, and In office Fitting of Lumbar Brace and External Bone Growth Stimulator citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 transforaminal lumbar interbody fusion with pedicle screw instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

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

Decision rationale: The California MTUS guidelines recommend lumbar fusion in cases of trauma with fracture, dislocation and instability. This worker has not sustained a fracture or dislocation. The question of instability was answered by the x-rays on 11/6/2014 when no evidence of instability in the flexion and extension films was noted. Moreover, the radiologist commented that the degenerative anterior spondylolisthesis at L4-5 was minimal. Thus the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate.

Associated surgical service: 3 day hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: 3 day hospital stay is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: 3 day hospital stay is not medically necessary and appropriate.

Associated surgical service: assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: assistant surgeon is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: assistant surgeon is not medically necessary and appropriate.

Post-op purchase of aspen lumbosacral orthosis (LSO) brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: Post-op purchase of aspen lumbosacral orthosis (LSO) brace is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: Post-op purchase of aspen lumbosacral orthosis (LSO) brace is not medically necessary and appropriate.

Post-op purchase of external bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: Post-op purchase of external bone growth stimulator is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the

requested treatment: associated surgical service: Post-op purchase of external bone growth stimulator is not medically necessary and appropriate.

Associated surgical service: medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: medical clearance is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: medical clearance is not medically necessary and appropriate.

Associated surgical service: office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service:office visit is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L4-5, L5-S1 transformaminal interbody fusion with pedicle screw instrumentation is not medically necessary and appropriate, then the requested treatment: associated surgical service: office visit is not medically necessary and appropriate.