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| Case Number: | CM15-0101954 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 01/06/2011 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 1/6/11. The diagnoses have included lumbar ,thoracolumbar pain and radiating left leg pain and weakness status post lumbar fusion times two, lumbar stenosis , positive sagittal balance and history of coronary artery disease, diabetes and heart attack. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy, injections, and other modalities. Currently, as per the physician progress note dated 5/1/15, the injured worker recently had a computerized axial tomography (CT scan) myelogram. He continues to have persistent radiating left leg pain that travels to the heel and foot. He also notes thoracolumbar pain and ongoing problem to pitch forward with ambulation. The tolerance to sitting, walking and standing is dramatically limited. He has had 2 rounds of Prednisone burst treatments without relief. He takes an average of 5 Norco a day and Soma at night and takes Gabapentin with mild relief. The physical exam reveals slow antalgic gait. He has kyphotic and flexed forward posture consistent with positive sagittal balance. He has lumbar pain with burning into the left buttock, thigh and heel. There is positive left straight leg raise. There is weakness of the left plantar flexors and well healed incisions from the previous lumbar fusion. The urine drug screen dated 3/9/15 was inconsistent with the medications prescribed. The physician notes that the current computerized axial tomography (CT scan) myelogram shows transitional stenosis and instability at L5-S1 below his fusion with gapping of facet joints and x-rays show a significantly positive sagittal balance. The hard copy reports of these were not noted in the records. The diagnostic testing that was performed and included in the records were computerized axial tomography (CT scan) of the lumbar spine dated 2/20/12 and Magnetic

Resonance Imaging (MRI) of the lumbar spine dated 4/1/11. The physician notes that he will move forward with surgery given his persistent symptoms and declining quality of life. The physician requested treatments included ALIF L5-S1 with BMP, revision fusion, PSF L5-S1 with extension to T2 , osteotomy, instrumentation, BMP, possible ICBG, laminectomy L5-S1, Inpatient hospital stay, Assistant surgeon, Medical clearance with an internist, Preoperative lab: CBC, Preoperative lab: UAPC, Preoperative lab: CMP, Preoperative lab: Nares culture for MRSA, Preoperative lab: PTT, PT/INR, Associated Surgical Service: Chest x-ray, Associated Surgical Service: Electrocardiogram (EKG), and Associated Surgical Service: Lumbar-sacral orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALIF L5-S1 with BMP, revision fusion, PSF L5-S1 with extension to T2 , osteotomy, instrumentation, BMP, possible ICBG, laminectomy L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. While provider's assertions regarding instability are noted, the radiologist's interpretation to support this is not found in the documentation. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not found in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The request for ALIF L5-S1 with BMP, revision fusion, PSF L5-S1 with extension to T2, osteotomy, instrumentation, BMP, possible ICBG, laminectomy L5-S1 is not medically necessary and appropriate.

Associated surgical service: Inpatient 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.

Associated surgical service: Assistant surgeon: 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.

Associated surgical service: Medical clearance with an internist: 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.

Preoperative lab: CBC: 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.

Preoperative lab: UAPC: 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.

Preoperative lab: CMP: 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.

Preoperative lab: Nares culture for MRSA: 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.

Preoperative lab: PTT, PT/INR: 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.

Associated Surgical Service: Chest x-ray: 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.

Associated Surgical Service: EKG: 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.

Associated Surgical Service: Lumbar-sacral orthosis: 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.