MAXIMUS Federal Services

Case Number:	CM15-0015788		
Date Assigned:	02/03/2015	Date of Injury:	04/27/2012
Decision Date:	04/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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 54 year old female, who sustained an industrial injury on 4/27/2012. The current diagnoses are displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and sciatica. Currently, the injured worker complains of lumbar spine pain with radiculopathy into bilateral lower extremities, left greater than right. The pain is rated 8/10 on a subjective pain scale. Treatment to date has included medications, activity limitations, and physical therapy. An MRI from June 2013 showed a broad-based disc bulge with left greater than right foraminal stenosis at the L3-4 level from an extruded disc; there is also facet hypertrophy at this level. She also has broad-based disc herniations at L2-3 and L4-5 levels. The treating physician is requesting L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion, possibly L1-2 XLIF) L2-5 possibly L1-2 posterior fusion with instrumentation, 3 day hospital stay, intra-operative neurophysiological monitoring, and pre-op EKG, which is now under review. On 1/9/2015, Utilization Review had non-certified a request for L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (possibly L1-2 XLIF) L2-5 possibly L1-2 posterior fusion with instrumentation, 3 day hospital stay, intra-operative neurophysiological monitoring, and pre-op EKG. The surgery was non-certified based on no clear evidence of instability that would require stabilization of the lumbar spine by fusion. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-5 Extreme Lateral Interbody Fusion (possibly L1-2 extreme lateral interbody fusion [XLIF]); L2-5 possibly L1-2 posterior fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS guidelines recommend spinal fusion in cases of fracture, dislocation and instability. Documentation for this patient does not disclose evidence of instability fracture or dislocation. The guidelines also indicate surgical consideration if there is clear, clinical, imaging and electrophysiological evidence of the presence of a lesion known to respond to surgery both in the short and long term. Documentation is not presented to support this. Thus the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate.

Associated Surgical Services: Hospital Stay 3 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: Hospital stay 3 days is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: Hospital stay 3 days is not medically necessary and appropriate.

Associated Surgical Services: Intra-operative neurophysiological monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the

requested treatment: intra-operative neurophysiological monitoring is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: intra-operative neurophysiological monitoring is not medically necessary and appropriate.

Associated Surgical Services: Pre-operative Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: Pre-operative exam is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: Pre-operative exam is not medically necessary and appropriate.

Associated Surgical Services: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: EKG is not medically necessary and appropriate..

Decision rationale: Since the requested treatment: L2-5 extreme lateral interbody fusion (possibly L1-2 extreme lateral interbody fusion (XLIF); L2-5 possibly L1-2 posterior fusion with instrumentation is not medically necessary and appropriate, then the requested treatment: EKG is not medically necessary and appropriate.