

Case Number:	CM15-0131621		
Date Assigned:	07/22/2015	Date of Injury:	07/25/1982
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic 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 62 year old male, who sustained an industrial injury on 7/25/1982. He reported being hit by an automobile while working as a flagman. The injured worker was diagnosed as having left lumbar degenerative scoliosis with spinal stenosis and neurogenic claudication and degenerative spondylolisthesis with segmental instability. Treatment to date has included diagnostics, physical therapy, weight loss measures, bracing, and medications. Currently, the injured worker complains of increased back pain, bilateral posterior thigh and calf discomfort, and numbness of his right foot and ankle. He had a long history of conservative treatment for his low back pain. Surgery was considered in 2010 but not strongly recommended due to his size. He lost 100 pounds after lap band procedure in 2008. He was currently taking Norco and Flexeril. His height was 5'5" and weight was 250 pounds. X-ray and magnetic resonance imaging findings were referenced (and submitted). His diabetes was under fair control. The treatment plan included extreme lateral L2-L3, L3-L4, and L4-L5 interbody fusion with PEEK spacer filled with bone morphogenic protein, posterior L3-L4 and L4-L5 laminectomy, L2-L5 posterior segmental fixation, pre-operative echocardiogram, a walker with front wheels, raised toilet seat and grabber, and a 4 day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative echocardiogram: 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 Official Disability Guidelines (ODG) low back.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: walker with front wheels: 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 Official Disability Guidelines (ODG) low back.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: raised toilet seat and grabber: 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 Official Disability Guidelines (ODG) low back.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Extreme lateral L2-L3, L3-L4, and L4-L5 interbody fusion with PEEK spacer filled with bone morphogenic protein, posterior L3-L4 and L4-L5 laminectomy, L2-L5 posterior segmental fixation: 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 Official Disability Guidelines (ODG) low back.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 states that lumbar fusion, Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. XLIF is specifically not recommended by ODG low back. ODG states there is insufficient evidence of similar effectiveness to conventional transforaminal fusion. The request is for a procedure not recommended and is therefore not medically necessary.

Associated surgical service: 4-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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.