MAXIMUS Federal Services

Case Number:	CM15-0140087		
Date Assigned:	07/29/2015	Date of Injury:	03/22/2014
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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: Montana, Oregon, Idaho
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 55-year-old female patient who sustained an industrial injury on March 22, 2014. The accident was described as while working as a repairperson she tripped over an electrical cord and re-injured her back. A surgery documentation dated October 29, 2014 reported the patient undergoing a anterior lumbar fusion at L5-S1, L4-5. A pre-surgical consultation found the patient with ongoing low back and leg pain. She is with current subjective complaint of low back pain along with left buttock, posterior thigh, and calf and foot pains. Previous conservative treatment to include: physical therapy, epidural injection both had no benefit. Current medications are: Flexeril, Tylenol, Naprosyn, and Maxalt. The assessment found the patient with spondylolisthesis, at L5-S1, and lumbar stenosis with radiculopathy. There was discussion regarding surgery and the plan of care noted proceeding on with intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1 posterior decompression with L4-5 laminectomy: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back complaints.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state 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." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this case, there is lack of medical necessity for lumbar fusion as there is no official imaging reports included in the documentation available for review. The notes from 9/19/14 and 10/29/14 do not document evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance to warrant fusion. Therefore, the determination is not medically necessary for lumbar fusion.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=48408.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx.

Decision rationale: A MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx. States those patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case, the claimant is 55 years old and does not have any evidence in the cited records from 9/19/14 of significant medical comorbidities to support a need for extensive preoperative clearance. However, as the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: assistant surgeon: 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 (updated 05/15/15) - Online Version.

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: A MTUS/ACOEM is silent on the issue of assistant surgeon. According to the ODG, Low Back Chapter, Surgical assistant is recommended as an option in more complex surgeries including anterior lumbar fusion. However, as the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.