

Case Number:	CM15-0162774		
Date Assigned:	09/08/2015	Date of Injury:	02/20/2013
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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

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 (IW) is a 49-year-old female who sustained an industrial injury on 02/20/2013. She reported cumulative trauma to her lower back. The injured worker was diagnosed as having severe L5-S1 degenerative disc disease, and Stenosis. Treatment to date has included pain management, oral medications, lumbar facet blocks (2013), Lumbar MRI (2013 and 2014), the worker had a craniotomy on 07-02-2014 for a brain aneurysm and subarachnoid hemorrhage. A lumbar Epidural steroid injection performed in early 2015 provided immediate anesthetic benefit with 70% improvement maintained within the first 2 weeks. Diagnostic studies include Lumbar spine MRI of 12-12-2014 revealed disc desiccation with mild narrowing at L1, L2, and L2-L3, critically severe L5-S1 desiccation and disc space narrowing. Isolated Axial views confirmed Right L1-L2 minimal protrusion superimposed on broad based bulge; L2-L3 minimal bulge; L5-S1 minimal to mild bulge with loss of bilateral L5-S1 facet articular surfaces. Lumbar spine x-rays dated 05-29-2015 demonstrated severe L5-S1 disc space narrowing on neutral lateral view with milder narrowing at L1-L2, and L2-L3. No abnormal motion or instability was seen on flexion-extension lateral views. Currently (07-01-2015) the injured worker complains of chronic lower back pain which ranges between 3-10 on a scale of 1-10 in severity and associated instability when walking on uneven surfaces. Her pain is worse with extension more than flexion, as well as with squeezing, standing, or walking more than 25 minutes, sitting more than 20 minutes, twisting, running and jumping. The treatment plan is for elective reconstructive lumbar spine surgery L5-S1 Anterior Fusion, and L5-S1 Anterior fusion discectomy with anterior instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior Fusion, L5-S1 Anterior Fusion Discectomy with Anterior Instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion.

Decision rationale: The ACOEM Guidelines states that lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, 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 particular patient, there is lack of medical necessity for lumbar fusion, as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 7/1/15 to warrant fusion. Therefore, the request is not medically necessary.

Vascular 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: Inpatient 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 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 History & Physical: 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 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.

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: Chem 14: 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: UA: 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.