

Case Number:	CM15-0164248		
Date Assigned:	09/10/2015	Date of Injury:	07/02/2014
Decision Date:	10/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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 is a 49 year old female, who sustained an industrial injury on July 02, 2014 date of injury. The treating physician reported that the injured worker slipped on the floor landing onto her buttocks causing immediate pain to the upper and lower back. The injured worker was diagnosed as having history of work related slip and fall with cervical strain, cervical spondylosis, lumbar strain, grade I spondylolisthesis at lumbar four to five with central stenosis and radiculopathy, right carpal tunnel syndrome status post endoscopic carpal tunnel release, right trigger thumb, resolved right de Quervain's, and full focal thickness tear of the distal rotator cuff. Treatment and diagnostic studies to date has included x-rays of the spine, medication regimen, magnetic resonance imaging, and above noted procedure. In a progress note dated June 18, 2015 the treating physician reports complaints of constant and severe pain to the low back that radiates pain, numbness, and tingling to the buttocks, posterior thighs, calves, and bilateral feet with the right worse than the left. Examination reveals slow and guarded gait, decreased range of motion to the lumbar spine, decreased sensation to the right calf and foot, and positive straight leg raise on the right. The injured worker's pain level was rated an 8 on a scale of 1 to 10. The treating physician noted magnetic resonance imaging of the lumbar spine from November 26, 2014 that was revealing for anterolisthesis of lumbar four to lumbar five, bilateral facet arthropathy with severe bilateral facet hypertrophy, possible left sided pars interarticularis fracture, moderate canal stenosis from anterolisthesis and facet arthropathy at the lateral recesses possibly affecting the lumbar five nerve roots, mild right foraminal stenosis from disc extending

into the right neural foramen, left lateral recess and foraminal protrusion without nerve impingement, and central focal protrusion without nerve root impingement. On June 18, 2015 the treating physician requested anterior lumbar interbody fusion via lateral retroperitoneal approach (XLIF), interbody fusion cage, bilateral lumbar four to five laminotomy and posterolateral fusion with instrumentation at lumbar four to five noting that the injured worker has failed nonsurgical therapies and would be a candidate for the above noted procedure. The treating physician also requested the associated services listed below, but the documentation did not indicate the specific reasons for the requested equipment, evaluation, and hospitalization. On July 21, 2015 the Utilization Review determined the request for anterior lumbar interbody fusion via lateral retroperitoneal approach (XLIF), interbody fusion cage, bilateral lumbar four to five laminotomy and posterolateral fusion with instrumentation at lumbar four to five along with associated services requested of a three day in-patient hospital stay, pre-operative medical clearance, CyberTech back brace, a four point front wheel walker, a seven day rental of a cold compression unit, a three in one bedside commode, and a bone growth stimulator to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion via lateral retroperitoneal approach (XLIF), interbody cage, bilateral L4-L5 laminotomy and posterolateral fusion with instrumentation at L4-L5:
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 Chapter state 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 psychiatric clearance from the exam note of 6/18/15 to warrant fusion. Therefore, the request is not medically necessary.

Associated surgical service: In-patient 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.

Pre-operative medical clearance: 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: CyberTech back brace: 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: 4-Point front wheel walker: 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: Cold compression unit (7-day rental): 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: 3-in-1 bedside commode: 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: Bone growth stimulator: 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.