

Case Number:	CM15-0166992		
Date Assigned:	09/01/2015	Date of Injury:	07/22/2013
Decision Date:	10/02/2015	UR Denial Date:	03/30/2015
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: New York, Montana

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 male, who sustained an industrial injury on 7-22-2013. He reported injury to the back, right knee and hand after falling down five or six stairs. Diagnoses include lumbar grade one anterolisthesis and right shoulder rhomboid complaints. Treatments to date include activity modification, medication therapy, and epidural steroid injections. Currently, he complained of no relief of pain from prior three epidural steroid injections. On 3-20-15, the physical examination documented decreased lumbar range of motion and antalgic gait. The plan of care included a request for TLIF L5-S1, MRI, cyber tech brace, ortho fix external bone stimulator, and per-operative clearance, laboratory evaluations, EKG and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1: 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): 305-7.

Decision rationale: The California MTUS guidelines recommend lumbar surgery if there is severe and persistent, debilitating lower extremity complaints and clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies; which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The California MTUS guidelines do recommend fusion if the patient has had a fracture, dislocation or evidence of instability. Documentation is not provided this is the case. The requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate.

Inpatient Stay-3 Days: 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, Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is NOT Medically necessary and appropriate, then the Requested Treatment: Inpatient Stay-3 Days is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Inpatient Stay-3 Days is not medically necessary and appropriate.

Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Co-Surgeon is NOT Medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Co-Surgeon is not medically necessary and appropriate.

Pre-operative 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 Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative Clearance is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative Clearance is not medically necessary and appropriate.

Pre-operative Labs: 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 3/24/15-Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative labs is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative labs is not medically necessary and appropriate.

Pre-operative EKG: 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 3/24/15-Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative EKG is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative EKG is not medically necessary and appropriate.

Preoperative Chest X-Ray: 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 3/24/15-Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative chest x-ray is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Pre-operative chest x-ray is not medically necessary and appropriate.

Cybertech Back Brace: 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 3/24/15-Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Cybertech Back Brace is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Cybertech Back Brace is not medically necessary and appropriate.

Orthofix External Bone Stimulator: 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 3/24/15)-Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Orthofix External Bone Stimulator is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Orthofix External Bone Stimulator is not medically necessary and appropriate.

Preoperative MRI Lumbar Spine:
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: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Preoperative MRI Lumbar Spine is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Minimally Invasive Surgical Transforaminal Lumbar Interbody Fusion L5-S1 is not medically necessary and appropriate, then the Requested Treatment: Preoperative MRI Lumbar Spine is not medically necessary and appropriate.