

Case Number:	CM15-0195131		
Date Assigned:	10/21/2015	Date of Injury:	05/09/2008
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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, California
 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 62-year-old male who sustained an industrial injury May 9, 2008. Diagnoses are scoliosis; stenosis; sciatica; degenerative disc disease. Past treatment included anti-inflammatory medication, extensive physical therapy and epidural injections x 3 with temporary relief. According to a primary treating physician's progress report dated August 27, 2015, the injured worker presented with continued back pain, rated 5-8 out of 10, right greater than left, with radiating pain down his right anterolateral thigh towards the knee with accompanying paresthesias. The physician documented the injured worker had a second opinion who agreed surgical intervention would be best. Objective findings included; limited range of motion at the waist; can flex to just above his knees; extend to 15 degrees; normal straight line gait; sensation diminished in the right anterior and lateral thigh; left lumbar prominence in forward bend consistent with scoliosis; tenderness right paraspinal area. The physician documented x-rays and MRI were reviewed revealing disc degeneration with degenerative scoliosis with the apex toward the left with asymmetric disc space collapse on the right side at L1-2, L2-3, and L3-4 levels with slight lateral listhesis of L3 on L4 toward the left side with significant degeneration at nearly every level; there is foraminal stenosis; scoliosis measures 15 degrees by cobb angle between L1 and L4; lateral listhesis to the left at L2-3 and L3-4. At issue, is the request for authorization dated September 2, 2015 for lumbar surgery, medical clearance, assistant surgeon, in-patient stay, labs, chest x-ray and EKG (electrocardiogram). According to utilization review dated September 11, 2015, the requests for Extreme lateral interbody fusion, insertion of biomechanical devices L1-4, lumbar laminectomy L2-5, instrumented fusion T11-

S1, posterior interbody fusion with insertion of biomechanical devices L5-S1, osteotomies L2-4, autograft-allograft; 4 day inpatient stay; assistant surgeon; medical clearance; labs; chest x-ray and EKG were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral interbody fusion, insertion of biomechanical devices at L1-4, lumbar laminectomy at L2-5, instrumented fusion at T11-S1, posterior lumbar interbody fusion with insertion of biomechanical devices at L5-S1, osteotomies L2-4, autograft-allograft:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement, which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. His magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. His provider recommended an extreme lateral interbody lumbar arthrodesis with biomechanical devices graft to treat his scoliosis and mild lateral listhesis without myelopathy. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show instability or severe degenerative changes. The California MTUS guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request is not medically necessary and appropriate.

Associated surgical service: Inpatient stay (4-5 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.

Associated surgical service: 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: 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: labs: 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: Chest x-ray: 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: 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.