

Case Number:	CM15-0026296		
Date Assigned:	03/25/2015	Date of Injury:	11/01/2007
Decision Date:	05/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/11/2015

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
 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 70 year old male, who sustained an industrial injury on November 1, 2007. The injured worker was diagnosed as having lumbar stenosis, low back pain, degeneration of lumbar intervertebral disc and spondylolisthesis of the lumbar spine. Treatment to date has included physical therapy and epidural steroid injections after which the evaluating physician notes that the injured worker failed to improve. An MRI of the lumbar spine on 11/5/2013 reveals grade 1 spondylolisthesis at L4-L5 associated with degenerative changes involving L4-L5 apophyseal joints bilaterally, spinal stenosis and moderate to marked bilateral foraminal narrowing at L4-L5. The MRI reveals anterolateral osteophytes at L3-L5 and L5-S1 levels with mild bilateral degenerative facet changes. There is mild to moderate narrowing at L3-L5 neural foramina bilaterally. Currently, the injured worker complains of ongoing low back pain described as constant and severe. He reports pain and numbness in the right leg, weakness in the bilateral legs and reports being unable to stand for any length of time without his right leg becoming numb. The treatment plan is for lumbar laminectomy and fusion stabilization of L4-5 following an updated MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy, L4-5, lumbar interbody fusion, L4-5, posterior spinal fusion with instrumentation, L4-5: 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 and 307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower leg symptoms. The documentation shows this patient has been complaining of pain in his back (80%) compared to 20% in his legs and the discomfort goes down to his knees. Documentation does not disclose disabling leg symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence indicating the presence of a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an interbody and posterior fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Laminectomy, L4-5, lumbar interbody fusion, L4-5, posterior spinal fusion with instrumentation, L4-5 is not medically necessary.

Microsurgical techniques, requiring use of operating microscope Quantity: 1: 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.

Insert spine fixation device, Quantity: 1: 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.

Arthrodesis, posterior or posterolateral technique, lumbar, Quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower leg symptoms. The documentation shows this patient has been complaining of pain in his back (80%) compared to 20% in his legs and the discomfort goes down to his knees. Documentation does not disclose disabling leg symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence indicating the presence of a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an interbody and posterior fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. Thus, the requested treatment: Arthrodesis, posterior or posterolateral technique, lumbar, Quantity: 1 is not medically necessary.

Transpedicular approach with decompression of spinal cord, equina and/or nerve roots, Quantity: 1: 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 requested treatment: Arthrodesis, posterior or posterolateral technique, lumbar, Quantity: 1 is not medically necessary and appropriate, then the Transpedicular approach with decompression of spinal cord, equina and/or nerve roots, Quantity: 1 is not medically necessary.

Remove spinal lamina, add on, Quantity: 1: 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.

Neuroplasty, lumbar: 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.

Autograft for spine surgery only: 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.

Remove vertebral body, add-on: 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.

Vertebral corpectomy, partial or complete, transperitoneal or retroperitoneal, lumbar:
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.

Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace: 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.

Fluoroscopic guidance for needle placement, Quantity: 1: 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.

3 day inpatient stay: 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 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..

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, Surgical assistant.

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 medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov, Perioperative protocol. Health care protocol.

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.