

Case Number:	CM15-0029628		
Date Assigned:	02/23/2015	Date of Injury:	10/03/2011
Decision Date:	04/21/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: Pediatrics, 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 reported an injury on 10/03/2011. The mechanism of injury was not stated. The current diagnoses include hypertension, lumbar degenerative disc disease, lumbar scoliosis, status post L2-5 ALIF, status post T10 to pelvis fusion, postoperative anemia, scoliosis, and lumbosacral pain. The injured worker presented on 01/07/2015, for a follow-up evaluation. Upon examination, there was 5/5 motor strength in the bilateral upper and lower extremities, with intact sensation. It was noted that the injured worker was utilizing Norco, cyclobenzaprine, lisinopril, and potassium chloride. Recommendations at that time included a thoracic to pelvis revision fusion, with bilateral L5-S1 PILF. A Request for Authorization form was then submitted on 02/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic-8 to pelvic revision fusion: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, there was no documentation of significant musculoskeletal or neurological deficit upon examination. There was no mention of an exhaustion of recent conservative treatment prior to the request for a second surgical procedure. There was no evidence of spinal instability upon flexion and extension view x-rays. There is no clear rationale submitted in the documentation for a T8 to pelvic revision fusion. Given the above, the request is not medically necessary.

Bilateral L5-S1 PLIF with synthies graft and BMP: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no evidence of a recent exhaustion of conservative treatment. There was no evidence of spinal instability upon flexion and extension view x-rays. There was also no documentation of a psychosocial screening prior to the request for a lumbar fusion. The injured worker does not meet criteria as outlined by the above-mentioned guidelines. As such, the request is not medically necessary.

Associated surgical services: 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 services: 4 Day Hospital Stay: 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.