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| Case Number: | CM15-0222818 | | |
| Date Assigned: | 11/19/2015 | Date of Injury: | 11/18/2012 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

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 36 year old male, who sustained an industrial injury on 11-18-2012. The injured worker was being treated for bilateral lower extremity radiculitis secondary to L5-S1 disk space collapse and associated foraminal stenosis and recalcitrant lumbago with underlying degenerative disk disease. Treatment to date has included diagnostics, therapy, chiropractic, epidural injections, behavioral medicine, and medications. On 9-23-2015, the injured worker complains of distal lumbar pain and right greater than left lower extremity pain, becoming progressively debilitating. Physical exam noted midline tenderness, worsened with hyperextension, reduced flexion-extension range of motion ("about half normal"), stable gait, some dysesthesias in the bilateral L5 dermatomes, preserved strength, and mildly positive straight leg raise on the right. Magnetic resonance imaging was reviewed and documented as showing "marked degeneration of the L5-S1 disk, with a broad-based central protrusion and facet arthropathy, with bilateral foraminal narrowing", "disk has an annular tear, about 50% loss of height", "the adjacent levels are well-hydrated and normal", and "significant facet arthritis, with a right-sided fluid-filled facet". X-rays of the lumbar spine (8-18-2015) were documented to show "transitional segment, with the most complete disk space noted as L5-S1" and "mild spinal asymmetry with spondylosis primarily from L4-S1 without evidence of instability". He remained off work. Behavioral Medicine Reports (most recent 7-2015) noted somatic symptom disorder (or unspecified somatic symptom and related disorder). The treatment plan included anterior lumbar interbody fusion, BMP instrumentation, possible ICBG, and associated services, non-certified by Utilization Review on 10-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion, BMP instrumentation, possible ICBG: 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 rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The provider states the patient has had a 50% L5-S1 disc space collapse and the radiologist states the disc is only mildly narrowed. Documentation contains no evidence of instability. The requested treatment: Anterior lumbar interbody fusion, BMP instrumentation, possible ICBG is not medically necessary and appropriate.

Associated surgical service: inpatient stay 2-3 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.

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.

Pre-op medical clearance by internist: 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-op labs - CBC: 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-op labs - BMP: 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-op labs - USPC: 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-op labs - nares culture for MRSA: 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-op labs - PT/PT, INR: 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.

Post-op lumbar 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.