

Case Number:	CM15-0035715		
Date Assigned:	03/04/2015	Date of Injury:	05/07/2009
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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 57-year-old female who reported injury on 05/07/2009. The mechanism of injury was not specified. Her diagnoses included lumbar postlaminectomy syndrome, displacement of lumbar intervertebral disc without myelopathy and sciatica. Past treatments included surgery and medications. Diagnostic studies included an MRI of the lumbar spine, performed on 04/07/2014, which was noted to reveal intervertebral foraminal stenosis at multiple levels, most stenotic intervertebral foramina at L2-3 bilaterally. On 07/09/2014, the injured worker complained of painful movement of neck causing pain with breathing in and out, associated numbness to the hands. Physical examination revealed absent patellar reflex on the left, 2+ for the right, decreased sensation at the left L3-4 distribution with numbness at the right ankle and top of foot, hypersensitivity of the thigh. Treatment plan was not specified. Her medications were not noted. A request was received for L2-3 extreme lateral interbody fusion, removal of instrumentation, intraoperative neurophysiological monitoring, assistant surgeon, 3 day inpatient stay, physical therapy 2 times a week for 6 weeks, lumbar brace purchase, bone growth stimulator purchase, and preoperative clearance. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3 extreme lateral interbody fusion, L2-L3 posterior spine fusion with instrumentation, removal L3-L4 instrumentation, intraoperative neurophysiological monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, XLIF (extreme Lateral Interbody Fusion).

Decision rationale: The Official Disability Guidelines do not recommend extreme lateral interbody fusion, as additional studies are required to further evaluate and monitor the short and long-term safety, efficacy, outcomes, and complications of XLIF procedures. An MRI dated 04/07/2014, revealed intervertebral foraminal stenosis at L2-3 bilaterally. The physical examination revealed decreased sensation at the left L3-4 distribution. However, as extreme lateral interbody fusion is not recommended by the evidence based guidelines, the request for L2-L3 extreme lateral interbody fusion, L2-L3 posterior spine fusion with instrumentation, removal L3-L4 instrumentation, intraoperative neurophysiological monitoring is not 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: 3 day inpatient 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.

Associated surgical service: Physical therapy 2 times a week for 6 weeks: 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: Lumbar brace purchase: 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: Bone growth stimulator purchase: 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-operative clearance (Labs: CBC w/ diff. CMP, PT/PTT); EKG and UA: 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.