

Case Number:	CM15-0085846		
Date Assigned:	05/13/2015	Date of Injury:	12/03/2012
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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 60 year old male, who sustained an industrial injury on December 3, 2012 while working as a car technician. The mechanism of injury was related to heavy lifting. The injured worker has been treated for low back complaints. The diagnoses have included degenerative spondylolisthesis, spinal stenosis of the lumbar region, sciatica, chronic low back pain, ongoing right-sided lumbar radiculitis and a non-union lumbar four-lumbar five fracture. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, injections, a home exercise program and a lumbar fusion. Current documentation dated April 3, 2015 notes that the injured worker reported an aching lumbar spine pain. The problem was noted to be improving. He also noted right hip pain. Examination of the lumbar spine revealed tenderness, guarded movement and a painful and decreased range of motion. The injured worker also noted numbness of the anterior leg on a chronic basis. Deep tendon reflexes were absent at the ankles and 1+2 at the knees. A straight leg raise test did not reproduce pain distal to the knees. The treating physician's plan of care included requests for and exploration of the fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive, assistant surgeon, general surgeon, an inpatient stay times two-three days, pre-operative surgical clearance, pre-operative electrocardiogram, pre-operative labs and a pro-operative stress test if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Hardware removal.

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. Documentation does not contain evidence of pathological movement at his prior operated sites. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not contain such evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines note that hardware is not recommended to be removed unless it is broken or infected. Evidence is not provided that this has happened. If the hardware is proven to be the source of pain, then removal is advised. No evidence that this has occurred is provided. The requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Assistant surgeon is NOT Medically necessary and appropriate.

Associated surgical service: General surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: General surgeon is NOT Medically necessary and appropriate.

Associated surgical service: Inpatient stay x 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Inpatient stay x 2-3 days is NOT Medically necessary and appropriate.

Pre-op surgical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate, then the Requested Treatment: Pre-op surgical clearance is NOT Medically necessary and appropriate.

Pre-operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and

appropriate, then the Requested Treatment: Pre-op EKG is NOT Medically necessary and appropriate.

Pre-operative labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate, then the Requested Treatment: Pre-op labs is NOT Medically necessary and appropriate.

Pre-operative stress test if needed: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation.

Decision rationale: Since the requested treatment: Exploration of fusion, removal of interbody cage, interbody fusion, interbody cage, posterolateral fusion at L4-L5 with instrumentation, iliac crest harvest with spinal monitoring and bone graft Nu Vasive is NOT Medically necessary and appropriate, then the Requested Treatment: Pre-operative stress test if needed is NOT Medically necessary and appropriate.