

Case Number:	CM14-0085057		
Date Assigned:	07/23/2014	Date of Injury:	07/01/2013
Decision Date:	09/30/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/06/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old male who reported an injury to his low back on 07/01/2013. The procedure note dated 12/12/13, indicated the injured worker undergoing sacroiliac joint injection. A clinical note dated 01/20/14, indicated the injured worker undergoing physical therapy which was providing minimal benefit. The injured worker utilized a transcutaneous electrical nerve stimulation (TENS) unit as a therapeutic modality. Upon exam, the injured worker demonstrated 30 degrees of lumbar flexion with 10 degrees of extension and bilateral lateral bending. Procedure note dated 02/13/14, indicated the injured worker undergoing second right sided sacroiliac joint injection. A clinical note dated 02/17/14, indicated the injured worker stating the second sacroiliac joint injection provided no benefit. The injured worker utilized Percocet and Soma and continued with physical therapy. A clinical note dated 04/17/14, indicated the injured worker continuing with Percocet and Lidoderm patches for pain relief. Range of motion deficits continued throughout the lumbar spine. The injured worker previously underwent left sided L4-5 microdiscectomy in 2008 which provided 100% resolution of back pain until recently. A clinical note dated 08/19/13, indicated the injured worker having current smoking habit of one pack per day. X-rays of the lumbar spine dated 09/26/13, revealed no significant evidence of instability. The MRI of the lumbar spine dated 07/01/13, revealed small broad based disc bulge at L4-5. Mild ligamentum flavum and facet hypertrophy were identified contributing to mild left neural foraminal narrowing. No significant central canal or lateral recess or right sided neural foraminal narrowing was identified. A clinical note dated 04/17/14, indicated the injured worker undergoing smoking cessation program. The injured worker utilized an electronic cigarette. The injured worker had low back pain radiating to the right buttocks and shin. Numbness and tingling were identified in the similar distribution. The injured worker rated the pain 7-8/10. The utilization review dated 05/05/14, resulted in denial

for lumbar fusion with associated requests as no confirmation of instability was provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion (ALIF) L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7..

Decision rationale: The request for anterior lumbar interbody fusion (ALIF) at L4-5 is not medically necessary. The injured worker complained of low back pain radiating into the lower extremities with numbness and tingling. Fusion in the lumbar spine is indicated provided that the injured worker meets specific criteria, including instability confirmed by x-rays and completion of all conservative treatment. The injured worker underwent complete course of conserve physical therapy and sacroiliac joint injections. However, no information was submitted regarding injection at L4-5. No instability was submitted or identified on submitted x-rays. Given this, the request is not indicated as medically necessary. Furthermore, the injured worker underwent smoking cessation program. However, no information was submitted regarding completion of the program. Therefore, the request is not medically necessary.

Co-surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics <http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Evidence: 1.) American Association of Orthopaedics Surgeons Position Statement
Reimbursement of the First Assistant at Surgery in Orthopaedics
<http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Back brace, post operative (fusion).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2 day inpatient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op medical clearance (LABS, CHEST XR, EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, PRE-OP MEDICAL CLEARANCE.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Bone growth stimulator, fitting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Bone Growth Stimulator.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.