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| Case Number: | CM15-0120316 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 08/22/2003 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 69 year old male, who sustained an industrial injury on 8/22/03. He has reported initial complaints of a back injury. The diagnoses have included lumbar spinal stenosis, lumbar degenerative disc disease (DDD), and lumbar radiculopathy. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, injections and home exercise program (HEP). Currently, as per the physician progress note dated 5/18/15, the injured worker complains of back pain that radiates to the bilateral legs and is gradually getting worse. The physical exam reveals that he walks with a slight forward stoop and antalgic gait. The diagnostic testing that was performed included lumbar computerized axial tomography (CT scan) scan dated 5/14/15 reveals multi-level severe spondylosis, multi-level degenerative disc disease (DDD), arthropathy, lumbar stenosis and foraminal narrowing with probable contact of the exiting nerve root. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8/16/14 reveals varying degrees of degenerative disc changes at all the lumbar and lumbosacral intervertebral spaces. The physician requested treatments included XLIF (extreme lateral interbody fusion) L2-3, L3-4, L4-5, Pre-operative CBC, metabolic panel, type/screen, Pre-operative urine analysis (UA), Associated service: Inpatient stay 3 days, Post-operative medication, Associated Service: Lumbar corset, Associated Service: Walker, Associated Service: Raised toilet seat, Associated service: Chest X-Ray, and Associated service: Electrocardiogram (EKG).

IMR ISSUES, DECISIONS AND RATIONALES

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

XLIF (Extreme lateral interbody fusion) L2-3, L3-4, L4-5: 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.

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.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 states that lumbar fusion, Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. XLIF is specifically not recommended by ODG low back. ODG states there is insufficient evidence of similar effectiveness to conventional transforaminal fusion. The request is for a procedure not recommended and is therefore not medically necessary.

Pre-operative CBC, metabolic panel, type/screen: 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 urine analysis (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.

Associated service: Inpatient stay 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.

Post-operative medication: 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 Service: Lumbar corset: 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 Service: Walker: 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 Service: Raised toilet seat: 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 service: Chest X-Ray: 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 service: EKG: 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.