

Case Number:	CM15-0129192		
Date Assigned:	07/21/2015	Date of Injury:	09/26/2012
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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 (IW) is a 75-year-old female who sustained an industrial injury on 09/26/2012. Diagnoses include chronic intractable lower back pain, 80% overall complaints with 20% bilateral lower extremity pain; lumbar spondylosis most notable at L4-5 and L5-S1 with transitional disc noted; rule out progressive stenosis. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, weight loss and injections. According to the progress notes dated 6/1/15, the IW reported lower back and left leg pain rated 8-9/10. Her pain had been present for about three years and she was ready to have surgery. On examination, there was significant tenderness to palpation of the lower lumbar spine at the facet joint regions bilaterally. Straight leg raise was positive for low back pain. Lumbar range of motion was limited, with more pain on lumbar extension and bilateral lateral bending. An MRI of the lumbar spine on 3/12/15 showed bilateral pars defects, with about 4 to 5.5 mm of anterolisthesis at L5-S1. The provider reviewed diagnostic imaging from 2012 to the present; correlated with clinical findings, he believed spinal instability was supported. A request was made for ALIF L5-S1 with open reduction; PSF/I L5-S1 with open reduction; co-surgeon; consult with co-surgeon; assistant surgeon; lumbar back brace purchase; bone growth stimulator purchase; in office fitting of bone growth stimulator; medical clearance appointment; and pre op lab work: CBC, CMP, PT, PTT, INR, UA, EKG, chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALIF L5-S1 with open reduction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter (online version), Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and significant instability. This patient has not had any of these events. The lumbar flexion and extension views do not show movement. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The clinical exam of obesity and the scores on the psychological evaluation suggest a bad outcome. The requested treatment: ALIF L5-S1 with open reduction is not medically necessary and appropriate.

PSF/I LS-S1 with open reduction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter (online version), Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and significant instability. This patient has not had any of these events. The lumbar flexion and extension views do not show movement. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The clinical exam of obesity and the scores on the psychological evaluation suggest a bad outcome. The requested treatment: PSF L5-S1 with open reduction is not medically necessary and appropriate.

Associated surgical services: CoSurgeon: 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 services: 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 services: Consult with Co-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 services: Lumbar back 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 services: 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.

Associated surgical services: In office fitting of bone growth stimulator: 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 services: Medical clearance appointment: 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 Lab Work: CBC/CMP: 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 services: PT/PTT: 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 services: 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.

Associated surgical services: 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 surgical services: 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.

Associated surgical services: 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.