

Case Number:	CM15-0171509		
Date Assigned:	09/17/2015	Date of Injury:	08/21/2012
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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: 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 51 year old male, who sustained an industrial injury on 8-21-2012. He reported feeling a pop and acute low back pain from lifting activity. Diagnoses include cervical spine DISH syndrome, Lumbar spine DISH syndrome, spinal stenosis, isthmic spondylolisthesis, and bilateral pars fracture at L5. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, and epidural steroid injections. Currently, he complained of ongoing back pain with no new symptoms. On 6-10-15, the physical examination was documented as "not conducted in detail today." The provider documented that due to physical size, cage size is critical with pedicle screws and posterior decompression necessary. The injured worker was evaluated on 4-21-15, by orthopedics. The low back pain was reported to radiate down bilateral lower extremities to the feet with difficulty lifting the foot. The physical examination revealed difficulty with ambulation on heels secondary to dorsiflexion weakness. The lumbar spine MRI dated 2-7-15, was documented to be significant for bilateral pars defect at L5-S1 with grade one spondylolisthesis with mild to moderate neural foraminal stenosis bilaterally L5-S1, and multilevel degenerative disc disease. The plan of care included fusion of L5-S1. The appeal requested authorization for Percutaneous pedicle screws and Posterior Decompression L5-S1 Anterior Lumbar Fusion-Anterolateral Lumbar Fusion, co-surgeon, three to five days inpatient hospital stay, pre-operative clearance with internist, Pre-operative chest x-ray, cybertech back brace, external bone stimulator from orthofix purchase, fit and instruct how to external bone stimulator. The Utilization Review dated 8-24-15, denied the request indicating that the documentation did not support that California MTUS ACOEM and ODG Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior lumbar fusion, anterolateral lumbar fusion, percutaneous pedicle screws and posterior decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Spinal fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state 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. According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is insufficient evidence from the exam note of 6/10/15 of failed nonsurgical management to warrant fusion. Therefore, the request is not medically necessary for lumbar fusion.

Associated surgical services: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: 3-5 days inpatient hospital 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Pre-op blood tests: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Pre-op clearance with Internist: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Cybertech back brace: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: External bone stimulator from Orthofix purchase (with fit and instruct how to use external bone 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.