MAXIMUS Federal Services

Case Number:	CM15-0178475		
Date Assigned:	09/30/2015	Date of Injury:	11/25/2014
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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, Montana, California
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:

This is a 40 year old female who sustained a work-related injury on 11-25-14. Medical record documentation on 9-1-15 revealed the injured worker was being treated for post laminectomy syndrome. She reported low back pain which she rated a 7 on a 10-point scale (7 on 8-11-15). She had pain radiating down the bilateral lower extremities, which she rated up to a 10 on a 10-point scale (10 on 8-11-15). Her medications allow her to perform activities of daily living and reduced her pain by approximately 50%. Her medications include Percocet 10-325 mg, Valium, Zoloft 50 mg, and Premarin. Objective findings included decreased lumbar spine extension (to 22 degrees) and forward flexion (to 38 degrees). She had decreased sensation of L4-L5 on the left. She had straight leg raise test which caused low back pain and left pain at 44 degrees. An MRI of the lumbar spine on 5-15-15 revealed mild-moderate central stenosis at L4-L5 due to the presence of structure in the right anterior epidural space which may represent granulation tissue; ligamentum flavum hypertrophy contributing to central stenosis, moderate left neural foraminal stenosis due to inferior disc osteophyte encroachment and posterior encroachment by facet hypertrophy which abuts the exiting left L4 nerve and mild degenerative changes at L3-L4 and L2-L3. Previous treatment included 10 sessions of physical therapy. She had lumbar laminectomy prior to her 11-25-14 work-related injury. A urine drug screen on 8-6-15 was consistent for Valium and Percocet. A request for anterior lumbar interbody fusion at L5-S1 with open reduction, posterior spinal fusion-instrumentation at L5-S1, hemilaminectomy at L4-L5; and associated services to include pre-operative medical clearance, complete blood count, complete metabolic panel, PT-PTT-INR, urinalysis, electrocardiogram and chest x-ray; assistant

surgeon and consultation with co-surgeon; inpatient stay times 2 days; lumbar back brace purchase, bone growth stimulator purchase, and in office fitting was received on referred on 9-3-15. On 9-9-15 the Utilization Review physician determined anterior lumbar interbody fusion at L5-S1 with open reduction, posterior spinal fusion-instrumentation at L5-S1, hemilaminectomy at L4-L5; and associated services to include pre-operative medical clearance, complete blood count, complete metabolic panel, PT-PTT-INR, urinalysis, electrocardiogram and chest x-ray; assistant surgeon and consultation with co-surgeon; inpatient stay times 2 days; lumbar back brace purchase, bone growth stimulator purchase, and in office fitting were not medically necessary based on California Medical Treatment Utilization Schedule, American College of Occupation and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1 with open reduction, Posterior spinal fusion/instrumentation at L5-S1, Hemilaminectomy at L4-L5: 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 rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. Her magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. Her provider opined instability not verified by the radiologist. He recommended an anterior interbody lumbar arthrodesis at L5-S1 and hemilaminectomy. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological Surgeons and Congress of Neurological Surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show instability or severe degenerative changes. The requested treatment: Anterior lumbar interbody fusion at L5-S1 with open reduction, Posterior spinal fusion/instrumentation at L5-S1, Hemilaminectomy at L4-L5 is not medically necessary and appropriate.

Associated surgical service: 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.

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.

Pre-op medical clearance: 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 labs, Complete Blood Count (CBC): 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 labs, Complete Metabolic Panel (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.

Pre-op labs, PT/PTT/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.

Pre-op labs, Urinalysis: 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 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.

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

Associated surgical service: 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 service: 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 service: In office fitting: 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 service: Inpatient stay x 2 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.