

Case Number:	CM15-0048848		
Date Assigned:	03/20/2015	Date of Injury:	04/30/2001
Decision Date:	05/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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: Oregon, 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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 04/30/2001. Initial complaints reported included pain in the low back. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, chiropractic manipulation, physical therapy, lumbar epidural steroid injections, MRI of the lumbar spine (2009 and 11/11/2014), x-rays of the lumbar spine, electrodiagnostic testing, and urine drug testing. Currently, the injured worker complains of ongoing low back pain. The clinical notes report that thin injured worker has failed multiple conservative therapies and injections. Current diagnoses include low-grade anterolisthesis at L3-L4 and L4-L5 with facet arthropathy, history of L4-L5 herniation, lumbar radiculopathy, and L2-L3 disc collapse. The treatment plan consisted of decompression and instrumented fusion at L2-L3, L3-L4 and L4-L5 to complete an anterior lumbar interbody fusion from a far lateral right sided retroperitoneal approach with posterior decompression and instrumented fusion with an assisted surgeon, 2 to 3 day hospital stay, a post-operative contrast compression unit to decrease pain, inflammation and pain medication requirements and a post-operative bone stimulator to enhance the fusion rate, 8 sessions of aquatic therapy, 12 session of land-based physical therapy, a trimod brace, medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Day 1: Anterior Lumbar Interbody Fusion Retroperitoneal or Far Lateral Approach, Autograft, Synthetic Graft, Bone Marrow Aspiration, Iliac Crest Bone Graft L2-3, L3-5, L4-5, Pinnacle Lateral with Neuromonitoring (Conquest): 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), Indications for Surgery-Discectomy/laminectomy and Patient Selection Criteria for Lumbar Spinal Fusion and ODG Intraoperative Monitoring.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. This would be appropriate for a 3 level fusion. The clinical documentation submitted for review would not need to include electrodiagnostic studies for a lumbar interbody fusion. There was documentation of a failure of conservative care. There was radiologic evidence to support the requested procedure at L2-3 and L4-5. There was a lack of documentation of a psychological clearance. However, as there was no documentation of the injured worker being cleared through psychological clearance, the request for anterior lumbar interbody fusion retroperitoneal or far lateral approach, autograft, synthetic graft, bone marrow aspiration, iliac crest bone graft L2-3, L3-5, L4-5 is not medically necessary.

Associated Surgical Services: Inpatient Stay (2-3 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.

Associated Surgical Service: 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.

Day 2: Inpatient Surgery Lumbar Decompression and Instrumented Fusion, Posterior Approach, Autograft, Allograft, Synthetic Graft, Bone Marrow Aspiration, Iliac Crest Bone Graft L2-3, L3-4, L4-5, Perc Screws with Neuromonitoring (Conquest): 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: Aquatic Physical Therapy (8-sessions, 2 times a week for 4 weeks): 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: Land Physical Therapy (12-sessions, 2 times a week for 6 weeks): 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 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 Service: Trimod 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.