

Case Number:	CM15-0066833		
Date Assigned:	04/22/2015	Date of Injury:	06/25/2014
Decision Date:	05/26/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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 is a 57-year-old male, who sustained an industrial injury on 6/25/2014. He reported right shoulder, right elbow, and low back. The injured worker was diagnosed as having low back pain with radiation into the right leg and down to the foot, and right shoulder pain. Treatment to date has included medications, chiropractic treatment, x-rays, chiropractic treatment, magnetic resonance imaging, rest, epidural steroid injections, and home exercises. The request is for post-operative aquatic physical therapy for the lumbar spine, post-operative land physical therapy for the lumbar spine, pre-operative blood work, pre-operative electrocardiogram and chest x-ray, cardiac clearance, bone stimulator for lumbar spine, trimod brace for lumbar spine, fibergraft, 1-2 night hospital stay, assistant surgeon, pre-operative medical clearance, lumbar decompression and instrumented fusion, autograft, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft, neuromonitoring, pioneer screws, and pinnacle TLIF. On 3/5/2015, he complained of persistent low back and right leg pain. The records indicate a repeat lumbar epidural injection done in January 2015, gave him 50% improvement. The treatment plan included: lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression and Instrumented Fusion, Autograft, Allograft, Synthetic Graft, Fibergraft, Bone Marrow Aspiration, Iliac Crest Bone Graft, Pioneer Screws L4-5 and L5-S1 with Neuromonitoring and Pinnacle TLIF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Allograft Transplantation, Stem Cell Autologous transplantation, Intraoperative neuro-physiological monitoring; Clin Orthop Relat Res. 1992 Nov;(284):109-15. Posterolateral lumbar and lumbosacral fusion with and without pedicle screw internal fixation. Spine (Phila Pa 1976). 1989 Apr;14 (4):468-71. Posterior lumbar interbody fusion with facet-screw fixation.

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 instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating, lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the request is not medically necessary and appropriate.

Inpatient Hospital Stay (1-2 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.

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-Operative 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-Operative Blood Work: 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 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-Operative 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: Cardiac 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.

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 requested lumbar decompression and instrumented fusion, autograft, allograft, synthetic graft, fibergraft, bone marrow aspiration, iliac crest bone graft, pioneer screws L4-5 and L5-S1 with neuromonitoring and pinnacle TLIF is not medically necessary and appropriate, then the requested associated is not medically necessary and appropriate.

Associated Surgical Service: Trimod Brace for the Lumbar Spine: 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 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.

Post-Operative 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.