

Case Number:	CM14-0141564		
Date Assigned:	09/12/2014	Date of Injury:	05/16/2013
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old female who sustained an injury on 05/16/13. Per the clinical reports, the injured worker's 1st date of injury was 09/15/10 while taking out a trash bag. The injured worker felt a pain in the right wrist with a popping sensation. The injured worker has had multiple surgical procedures for the upper extremities to date as well as a recent cervical fusion completed in April of 2014. The injured worker has also been followed for complaints of low back pain which has not improved with prior conservative treatment to include multiple injections, physical therapy, work modifications, and various types of medications. No imaging studies of the lumbar spine were available for review. Per the appeal letter dated 08/14/14, the injured worker was reported to have L4-5 degenerative changes contributing to stenosis as well as evidence of instability on flexion and extension views. No imaging studies were available for review confirming any evidence of instability from L4 through S1. The requested services to include an L4 through S1 anterior interbody fusion followed by a posterior spinal fusion as well as preoperative workup, use of a co-surgeon, and postoperative DME were all denied by utilization review on 08/07/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage (1) L4-S1 Anterior Lumbar Interbody fusion, Stage (2) L4-S1 minimally invasive posterior spinal fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Non-MTUS ODG, Low Back Chapter, AMA Guides, Instability page 379

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The proposed surgical procedures to include an L4 through S1 anterior lumbar interbody fusion as well as L4 through S1 posterior spinal fusion would not be considered medically necessary based on review of the clinical documentation submitted. No imaging studies were available for review confirming pathology at either L4-5 or at L5-S1 to support the proposed fusion procedures. Given the absence of documentation regarding the injured worker's imaging studies showing instability and contributory pathology to nerve root impingement, the proposed procedures would not be considered medically necessary at this point in time.

Brace, Bone Growth Stimulator, fitting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Chapter, Back Brace, Post-operative and bone growth stimulator

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

Pre-Operative medical clearance; labs, EKG, chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter), ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and noncardiac surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Chapter, Pre-operative testing, general

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

Co-surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

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

Pre-Operative and post-op visit in [REDACTED] private office:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations pages 127,156,ODG Pain Chapter

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.