

Case Number:	CM14-0047537		
Date Assigned:	08/06/2014	Date of Injury:	05/11/2010
Decision Date:	09/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 47-year-old male who sustained an injury on May 11, 2010 while pushing a track and delivering multiple boxes of food. The injured worker slipped and fell losing consciousness. The injured worker has been followed for complaints of low back pain radiating to the left lower extremity. It is noted that the injured worker has already had two prior procedures in the lumbar spine. Conservative treatment has included lumbar epidural steroid injections as well as multiple medications and physical therapy. This provided temporary benefit only. Magnetic Resonance Imaging (MRI) studies were reported to show pathology at (lumbar) L4-5; however, no imaging studies were available for review. The clinical report on July 09, 2014 indicates the injured worker had persistent pain radiating to the left lower extremity from the lumbar region. Physical examination noted weakness at the left extensor hallucis longus as compared to the right side with positive straight leg raising findings. The requested anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements with anterior interbody fusion, instrumentation, application of a biomechanical device with allograft followed by posterolateral and posterior fusion with segmental instrumentation, intraoperative monitoring, a co-surgeon, a vascular surgeon, an inpatient stay for three to five (3-5) days with preoperative medical clearance was all denied by utilization review on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4-L5 and posterior spinal fusion L4-L5, redo laminectomy and decompression of neural elements: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion (lumbar) L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements, this request is not medically necessary. No imaging studies were available for review to identify pathology at L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Vascular Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/22577849>, The role of vascular surgeon in anterior lumbar spine surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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.

Inpatient post-op stay 3-5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, (updated 03/18/14), Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospitalization.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289#Section420>, Preoperative evaluation, Preoperative Basic Health Assessment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Clearance, General.

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

Pre-operative clearance: Labs (type unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Clearance, General.

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

Pre-operative clearance: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14), Preoperative electrocardiogram (ECG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Clearance, General.

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

Pre-operative clearance: Chest Xray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14), Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Clearance, General.

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

Co-Surgeon for posterior approach: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bcbsnc.com>, Blue Cross and Blue Shield, Co-surgeon, Assistant Surgeon, Team Surgeon and Assistant-at-Surgery Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 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.

Arthrodesis, anterior interbody technique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements, this request is not medically necessary. No imaging studies were available for review to identify pathology at (lumbar) L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Application of intervertebral biomechanical device(s): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements, this request is not medically necessary. No imaging studies were available for review to identify pathology at (lumbar)L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Anterior instrumentation; 2 to 3 vertebral segments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements, this request is not medically necessary. No imaging studies were available for review to identify pathology at (lumbar) L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Allograft, structural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements this request is not medically necessary. No imaging studies were available for review to identify pathology at (lumbar) L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Arthrodesis, posterior or posterolateral technique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements, this request is not medically necessary. No imaging studies were available for review to identify pathology at (lumbar) L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Posterior segmental instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to the request for anterior lumbar interbody fusion L4-5 and posterior spinal fusion L4-5, redo laminectomy and decompression of neural elements this request is not medically necessary. No imaging studies were available for review to identify

pathology at (lumbar) L4-5 that was extensive enough to reasonably require a 360 degree lumbar decompression and fusion. Although the injured worker remains symptomatic despite conservative treatment, without updated imaging studies identifying pertinent pathology that would support the request, the surgical procedures would not be indicated. Furthermore, there is no documentation regarding a preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. As such, the request is not medically appropriate at this point in time.

Short-latency somatosensory evoked potential study, recording: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 03/18/14); Intraoperative neurophysiological monitoring (during surgery); The Centers for Medicare and Medicaid Services (CMS) Intraoperative Neurophysiologic Monitoring Apr 11, Posted April 2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, intraoperative monitoring.

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