

Case Number:	CM13-0006083		
Date Assigned:	11/27/2013	Date of Injury:	10/31/2002
Decision Date:	01/21/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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.

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 66-year-old female who was injured in a work related accident 10/31/02 sustaining an injury to the lumbar spine. Recent clinical progress report for review of 07/12/13 with [REDACTED] showed ongoing complaints of low back pain and bilateral leg pain dating back to time of injury in 2002 "getting worse". Objectively, there is restricted range of motion of the lumbar spine with 4/5 plantar and dorsiflexion weakness. On the left compared to right lower extremity with diminished sensation in the left L5 and S1 dermatomal distribution with positive left sided straight leg raising. He indicates the claimant has failed a considerable course of conservative care and based on instability at the L5-S1 level is recommending fusion procedure. Review of this claimant's prior imaging from 07/11/13, an MRI report that showed the L5-S1 level to be with grade I anterolisthesis with facet joint arthrosis, disc bulging and mild lateral recess stenosis. Lumbar radiographs are not documented. As stated, surgery was recommended in the form of a one level anterior posterior fusion at L5-S1, a two day inpatient hospital stay, a bone growth stimulator and a back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior fusion and decompression at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on California ACOEM Guidelines, lumbar fusion at L5-S1 cannot be supported. While the claimant is noted to be with a grade I anterolisthesis on MRI scan, there is no documentation of significant compressive pathology or documented segmental instability with motion on flexion, extension radiographs that would support the need of fusion procedure. Specific surgical request would not be indicated at this time. California ACOEM Guidelines recommends the role of fusion for "segmental instability" and also in the setting of progressive neurologic dysfunction at an unstable level. While grade I anterolisthesis is noted, specific clinical criteria for fusion procedure cannot be supported.

2 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on Official Disability Guidelines, California MTUS Guidelines are silent. A two day inpatient length of stay would be reasonable for a lumbar fusion. However, surgical process in this case is not supported thus negating the need of this inpatient hospital stay.

DME: bone stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Procedure, Bone Growth Stimulators

Decision rationale: California MTUS Guidelines are silent looking at Official Disability Guidelines; a bone growth stimulator would not be indicated. Official Disability Guidelines indicates specific criteria per use of bone growth stimulator following fusion to include multiple level fusion procedures, grade III or worse spondylolisthesis, smoking, alcoholism, renal disease, osteoporosis or diabetic history or history of prior or multiple fusions. The claimant does not meet any of the above criteria based on clinical records, nor is the surgical process at this time supported.

BOA back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301, Chronic Pain Treatment Guidelines.

Decision rationale: