

Case Number:	CM13-0014038		
Date Assigned:	11/01/2013	Date of Injury:	02/11/1999
Decision Date:	03/28/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/20/2013

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. 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:

This is a 71-year-old gentleman who was injured in a work-related accident on 2/11/99. The clinical records in this case are in reference to a low back injury. The claimant is with prior evidence of lumbar fusion procedure. Recent clinical records for review include an 8/14/13 orthopedic reassessment with [REDACTED] where he indicated that the claimant was with a diagnosis of lumbar pain with stenosis status post laminectomy syndrome. He indicated that the claimant's previous surgical process had included previous fusion at L5-S1 in 2008. His current objective findings were that of positive bilateral straight leg raise with positive FABER testing, limited range of motion, and tenderness to palpation. There was documentation that prior imaging included an April 2013 radiographs that revealed previous L4 through S1 fusion noted to be unchanged with orthopedic hardware intact with no evidence of flexion or extension instability. The treating physician also documents a previous MRI report dated 2011 showing post-operative changes at L4 through S1 with foraminal stenosis at L3-4 with facet disease and spinal stenosis from L2-3 distally. The current recommendations are for a surgical process to include an extension of the lumbar fusion from L2 through S1, the role of an assistant surgeon, and a five day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION LUMBAR FUSION L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, and the AMA Guides, 5th Edition, pages 382-383, 379

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

Decision rationale: Based on California ACOEM Guidelines, the surgical process to extend the claimant's fusion to include four levels from L2-3 through L5-S1 would not be indicated. The current clinical records do not support any evidence of segmental instability at the L2-3 or L3-4 level to support the role of further fusion procedure. The absence of the above correlated with the claimant's lack of physical examination findings that would demonstrate compressive neurologic dysfunction at the L2-3 or L3-4 level would fail to necessitate the role of extension of fusion to include the levels as requested. California ACOEM Guidelines only recommend the role of fusion procedures in evidence of segmental instability, fracture, or lumbar dislocation--none of which are present in this case.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, 17th edition: assistant surgeon, Assistant Surgeon Guidelines

Decision rationale: Based on Milliman Care Guidelines, an assistant surgeon would not be indicated as the role of operative intervention in this case has not yet been established.

5 DAY LENGTH OF STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal).

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a five day inpatient length of stay would not be supported as the need of operative intervention in this case has not yet been established.