

Case Number:	CM13-0021674		
Date Assigned:	11/13/2013	Date of Injury:	01/27/2003
Decision Date:	01/15/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/09/2013

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:

The patient is an 84-year-old male who reported a work-related injury on 01/27/2003, specific mechanism of injury not stated. The patient has a history of an L4-5 lumbar fusion from 2006. The CT of the lumbar spine dated 07/16/2013, signed by Dr. [REDACTED], revealed (1) instrumented lumbar fusion at L4-5, unremarkable appearance of hardware, solid osseous incorporation of the intervertebral gap; (2) moderate to severe acquired multifactorial central canal spinal stenosis at L3-4; (3) discogenic spondyloarthropathy at L1-2 and L2-3 and (4) chronic mild loss of height at the L1 vertebral body without intraspinal retropulsion of bone. The clinical note dated 09/23/2013 reported that the patient was seen under the care of [REDACTED] for his chronic pain complaints. The provider documents that the patient was seen in clinic for a pre-operative visit with regards to an upcoming L3-4 lumbar decompression by lateral transpoas approach with posterior lumbar interbody and instrumented fusion. The provider documented that the patient continues to report severe, constant and chronic low back symptoms that radiate towards the left. The patient's gait was intact and non-antalgic; lumbar range of motion was to 30 degrees with flexion and 10 degrees with extension with lateral rotation to 35 degrees and lateral bending to 20 degrees. Lower extremity strength was intact. Sensation was decreased along the left lateral leg down to the ankle. Deep tendon reflexes were intact. The provider documented that the patient opted for the recommended operative procedure of an L3-4 lumbar decompression and interbody fusion with posterior L3-4 instrumented fusion as well as exploration of L4-5. The provider documented that the patient had exhausted all lower levels of conservative treatment with continued significant lumbar spine pain complaints and imaging study evidence of bilateral neural foraminal stenosis and posterior elements of degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a lumbar decompression with instrumentation and interbody fusion L3-4 is medically: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The current request previously received an adverse determination due to a lack of imaging study evidence of instability at the L3-4 level. However, a CT of the patient's lumbar spine revealed mild narrowing of the disc with vacuum phenomenon, prevertebral disc osteophyte complex, moderate to severe right foraminal stenosis, moderate left foraminal stenosis, facet arthropathy and ligamentous hypertrophy with moderate to severe central canal spinal stenosis; surgical interventions at this level would subsequently cause iatrogenic instability. Therefore, the request for a lumbar decompression with instrumentation and interbody fusion at L3-4 is medically necessary and appropriate.

request for a 3 day hospital stay: Overturned

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: Given that the clinical notes support the patient undergoing the requested operative procedure, the request for 3 days of inpatient stay is supported as it falls within guideline recommendations for postoperatively for the requested operative procedure. Given all of the above, the request for a 3-day hospital stay is medically necessary and appropriate