

Case Number:	CM13-0022264		
Date Assigned:	06/23/2014	Date of Injury:	01/18/2008
Decision Date:	09/05/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

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 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 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 claimant is a 62-year-old female injured on January 18, 2008, as a result of a slip and fall while working as a general merchant clerk. An MRI report dated April 16, 2013, showed very mild levoscoliosis. Degenerative disc disease was present T10-11, L3-4, L4-5 and L5-S1 levels, with the L5-S1 level showing the most significant disease. The most recent office note available for review, dated July 11, 2013, describes lower back pain with intermittent bilateral lower extremity pain. Limited standing and walking tolerance were noted. On physical examination, the claimant had a forward set posture and walked with a reciprocal tandem heel/toe gait. Midline tenderness was noted at the L4-5 and L5-S1 junctions. There was limited extension past the neutral position. Forward flexion was to 60 degrees. Left and right lateral rotation was to 20 degrees. No significant tenderness over the sacroiliac joint or sciatic notch was noted. There were no nerve root tensions sign. No focal defects were noted on distal motor exam. Conservative treatment to date has included medications, physical therapy and epidural steroid injections, which did not provide any significant, long-lasting relief or functional improvement. This request is for: lumbar fusion (anterior lumbar interbody fusion) at the L5-S1 and L4-L5 levels; a two- to three-day inpatient stay postoperatively; preoperative medical clearance; the postoperative use of a sleep brace; and 12 sessions of physical therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion (anterior lumbar interbody fusion at L5-S1 and L4-L5): Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS/ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, pages 305-307 and on the Non-MTUS Official Disability Guidelines (ODG); Low Back chapter: Fusion (spinal).

Decision rationale: California MTUS/ACOEM Guidelines and Official Disability Guidelines do not support the request for lumbar fusion at that L5-S1 and L4-L5 levels. Under California MTUS Guidelines, this surgery is indicated when the records reflect clinical, imaging and electrophysiologic evidence of lesions that have shown to benefit both the short- and long-term from operative intervention. The ACOEM Guidelines also note that there should be diagnostic or abnormal physical examination findings of spondylolisthesis, previous fracture or dislocation or gross instability. Under Official Disability Guidelines, a psychosocial screen should be performed and tobacco cessation confirmed prior to surgery. In this case, the reviewed records document no spinal instability on diagnostic study or correlating, abnormal physical examination findings. In addition, the records do not document preoperative psychosocial testing or the claimant's smoking status. Given these factors, the request for lumbar fusion at the L5-S1 and L4-L5 levels is not medically necessary and appropriate.

2-3 day inpatient hospital stay (3units): 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); Low Back chapter - Hospital Length of Stay.

Decision rationale: The request for lumbar fusion at that L5-S1 and L4-L5 levels is not established as medically necessary. Therefore, the request for a two- to three-day inpatient stay postoperatively is not medically necessary.

Pre-operative medical clearance: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

Decision rationale: The request for lumbar fusion at that L5-S1 and L4-L5 levels is not established as medically necessary. Therefore, the request for preoperative medical clearance is not medically necessary.

Sleep brace (1unit): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter - Lumbar supports & Back Brace, Post-op.

Decision rationale: The request for lumbar fusion at that L5-S1 and L4-L5 levels is not established as medically necessary. Therefore, the request for a sleep brace for postoperative use is not medically necessary.

Post operative physical therapy (12 units): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for lumbar fusion at that L5-S1 and L4-L5 levels is not established as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is not medically necessary.