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| Case Number: | CM13-0028868 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 08/09/2006 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 (Spine Fellowship) 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:

According to the records made available for review, this is a 61-year-old female with an 8/9/06 date of injury. At the time (8/22/13) of the Decision for instrumentation (Alphatec) L4-5 decompressive laminectomy and posterolateral fusion (using K2 mesh instrumentation) and local autograft, pre-operative clearance, inpatient hospital stay x5 days, and posterior lumbar re-exploration for removal of L5-S1 pedicle screw, there is documentation of subjective (low back pain radiating down both lower extremities) and objective (decreased sensation along the posterolateral thigh and calf and dorsum of foot in comparison to the right) findings, imaging findings (8/22/13 Decision's reported imaging findings include x-rays of the lumbar spine with flexion and extension views revealing 2.8 mm movement at the L4-5 level which is the disc space above the fusion level; CT lumbar spine revealed at the L4-5 level a 3 mm to 4 mm posterolateral disc protrusion with lateral recess stenosis bilaterally, left greater than right (imaging reports not available for review), current diagnoses (symptomatic L4-5 adjacent segment degenerative disease), and treatment to date (medication and a home exercise program). There is no documentation of imaging reports and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

INSTRUMENTATION (ALPHATEC) L4-L5 DECOMPRESSIVE LAMINECTOMY AND POSTEROLATERAL FUSION (USING K2 MESH INSTRUMENTATION) AND LOCAL AUTOGRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of symptomatic L4-5 adjacent segment degenerative disease. In addition, there is documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms, and failure of conservative treatment. However, despite the reported imaging findings (x-rays of the lumbar spine with flexion and extension views revealing 2.8 mm movement at the L4-5 level which is the disc space above the fusion level; CT lumbar spine revealed at the L4-5 level a 3 mm to 4 mm posterolateral disc protrusion with lateral recess stenosis bilaterally, left greater than right), there is no documentation of imaging reports. In addition, there is no documentation of an Indication for fusion (instability (4.5 mm movement) OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for instrumentation (Alphatec) L4-5 decompressive laminectomy and posterolateral fusion (using K2 mesh instrumentation) and local autograft is not medically necessary.

PER-OPERATIVE CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

INPATIENT HOSPITAL STAY X 5 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

POSTERIOR LUMBAR RE-EXPLORATION FOR REMOVAL OF L5-S1 PEDICLE SCREW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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