

Case Number:	CM13-0029407		
Date Assigned:	11/01/2013	Date of Injury:	01/07/2013
Decision Date:	02/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/26/2013

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 claimant is a 35-year-old gentleman who was injured in a work related accident on January 7, 2013 sustaining injury to the low back. The clinical records available for review include a prior MRI report dated July 3, 2013 that showed the L5-S1 level to be with a central disc protrusion with possible mass effect upon the bilateral S1 nerve roots. There was also mild neural foraminal narrowing at the above level. The most recent clinical assessment for review is a July 12, 2013 progress report with [REDACTED] indicating ongoing complaints of low back pain and leg complaints after a fall from a ladder. It states he is with continued complaints of discomfort and has failed conservative care. Physical examination findings showed weakness at the iliopsoas on the right, quadriceps, plantar flexion, dorsiflexion, EHL all at 4/5. Deep tendon reflexes were equal and symmetrical with a normal sensory examination. The claimant's diagnosis was that of lumbar radiculopathy with a strain. The plan was for operative intervention based on failed conservative care in the form of an L5-S1 discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

inpatient L5-S1 discectomy with possible fusion: 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): 307.

Decision rationale: Based on the California ACOEM Guidelines, the role of lumbar fusion would not be indicated. The claimant's clinical records do not demonstrate segmental instability at the L5-S1 level for which the acute need of a fusion process would be supported. While there is demonstration of a compressive pathology, the lack of instability would fail to necessitate the surgical request in question. Guideline criteria would not justify the role of fusion in absence of diagnosis of lumbar fracture, dislocation or segmental instability. Therefore, the request is not certified.

3 days length of 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), Low Back-Hospital length of stay.

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 - Fusion (spinal), and Hospital length of stay (LOS).

Decision rationale: The MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a three day inpatient length of stay would also not be indicated as the need for operative intervention in this case has not been established. Thus, this request is not certified.