

Case Number:	CM13-0033136		
Date Assigned:	12/20/2013	Date of Injury:	01/28/2009
Decision Date:	06/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/09/2013

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 48-year-old female who was injured in a work related accident on January 28, 2009. The medical records pertaining to the claimant's low back include a July 18, 2013 followup exam noting ongoing low back with right greater than left leg pain numbness and tingling. Physical examination showed tenderness to palpation, reduced range of motion, positive straight leg raising and diminished sensation in an L5-S1 dermatomal distribution. It is documented that the claimant had failed conservative care in regards to her low back related symptoms. The documentation also indicated the previous electrodiagnostic studies showed no evidence of radiculopathy as well as a May 20, 2013 MRI report that showed at the L5-S1 level a 9 millimeter disc protrusion resulting in compression of the exiting right L5 nerve root. There was also a 3 millimeter right sided disc protrusion at the L4-5 level. The recommendation was made for a two level decompression and fusion at the L4-5 and L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 AND L5-S1 POSTERIOR LUMBAR DECOMPRESSION, FUSION

INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: California ACOEM Guidelines do not support the role of two level fusions for this claimant. The records provided for review do not contain any documentation or evidence of segmental instability at the L4-5 or L5-S1 level to support the need of a two level stabilization surgery as required by ACOEM Guidelines. Clinical request for the above mentioned surgical process would not be supported.

ILIAC CREST BONE GRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: The proposed L4-5 and L5-S1 posterior lumbar decompression and fusion is not recommended as medically necessary. Therefore, the request for bone grafting is not necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Positions Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th Edition: Assistant Surgeon Guidelines.

Decision rationale: The proposed L4-5 and L5-S1 posterior lumbar decompression and fusion is not recommended as medically necessary. Therefore, the request for an assistant surgeon is not necessary.

FOUR (4) DAYS HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back, Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE - FUSION (SPINAL).

Decision rationale: The proposed L4-5 and L5-S1 posterior lumbar decompression and fusion is not recommended as medically necessary. Therefore, the request for a four day hospital stay is not necessary.