

Case Number:	CM13-0036262		
Date Assigned:	12/13/2013	Date of Injury:	10/06/2010
Decision Date:	03/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 reported an injury on 10/06/2010 after he ran into a wall that caused a twisting motion reportedly causing injury to the low back and shoulder. Previous treatments included physical therapy, medications, and epidural steroid injections. The patient underwent an MRI in 2012 that revealed a 2 mm disc bulge at L5-S1 and L4-5 with indentation on the subarachnoid space. There was also mild spinal stenosis noted at L3-4 and moderate spinal stenosis noted at L4-5. The patient underwent an electrodiagnostic study in 06/2013 that revealed radiculopathy in the L5 and S1 distributions. The patient's most recent clinical exam findings included decreased sensation in the S1 distribution on the right side and left side with absent reflexes in the knees and ankles bilaterally and a positive straight leg raise test to the right. The patient's diagnoses included L5-S1 disc herniation, L5-S1 disc stenosis, L5-S1 degenerative disc disease, right greater than left lumbar radiculopathy, and lumbar stenosis at L4-5. The patient's treatment plan included multi-level decompression and fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

inpatient right L5-S1 minimally invasive translumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Fusion.

Decision rationale: The requested inpatient right L5-S1 minimally invasive translumbar interbody fusion is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends spinal fusion for increased spinal instability after surgical decompression due to spondylolisthesis. The clinical documentation submitted for review does not provide any evidence that the patient has spinal fracture, dislocation, or spondylolisthesis that would cause significant instability to support a lumbar fusion. Official Disability Guidelines recommend spinal fusion after the patient has exhausted all conservative treatments and has failed to respond to at least 2 discectomies at the requested level. The clinical documentation submitted for review does indicate that the patient has a 2 mm bulge that was reduced from a 5 mm bulge due to conservative treatments. The clinical documentation does not provide any exceptional factors that would preclude the patient from being responsive to a discectomy and/or laminectomy. Therefore, lumbar fusion is not indicated at this time. As such, the requested inpatient right L5-S1 minimally invasive translumbar interbody fusion is not medically necessary or appropriate.

purchase of lumbosacral orthosis lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The requested purchase of a lumbosacral arthrosis for the lumbar back brace is not medically necessary or appropriate. American College of Occupational and Environmental Medicine does not recommend back braces for chronic injuries. Although the clinical documentation does support that the patient has chronic low back pain radiating into the bilateral lower extremities, a back brace would not be indicated. As such, the requested purchase of a lumbosacral orthosis lumbar back brace is not medically necessary or appropriate.

post operative physical therapy three times per week for four weeks to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The requested postoperative physical therapy 3 times per week for 4 weeks to the lumbar spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend up to 34 visits for the postoperative treatment of a lumbar fusion. However, the requested surgery is not supported at this time. Therefore, the need for

postoperative management is also not supported. As such, the requested postoperative physical therapy 3 times per week for 4 weeks to the lumbar spine is not medically necessary or appropriate.

2 day length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 requested 2 days length of stay is not medically necessary or appropriate. Official Disability Guidelines do recommend up to 3 days of a hospital inpatient stay for a lumbar fusion. The requested 2 days would fall within the guideline recommendations. However, the requested surgery is not medically necessary or appropriate at this time. Therefore, the hospital length of stay would not be supported. As such, the requested 2 days length of stay is not medically necessary or appropriate.