

Case Number:	CM13-0038637		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2003
Decision Date:	02/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/25/2013

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 Texas. 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 is a 53-year-old male who reported an injury on 02/21/2003. The mechanism of injury was not provided; however, the patient ultimately underwent a right-sided hemilaminectomy at the L4-5 level. The patient underwent an MRI in 03/2012, which did provide evidence of a disc protrusion causing right lateral recess compression of the L5 nerve root. The patient also underwent an MRI in 07/2013 that did not reveal any changes from the prior study. Treatments included medications, physical therapy and epidural steroid injections. The patient's most recent clinical examination findings included 5/5 strength of the bilateral lower extremities. The patient's diagnoses included lumbar disc degeneration with sciatica. The patient's treatment plan included an L4-S1 fusion or a microdiscectomy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior spinal instrumental fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and AMA

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 2nd Edition (2004), 310.

Decision rationale: The requested L4-S1 posterior spinal instrumented fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spinal fusion for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review did not provide any evidence of spinal instability at the requested levels as a result of the previous decompression. Additionally, the clinical documentation submitted for review did not provide any objective evidence of neurological deficits in the correlating dermatomes for the requested surgery. There was no documentation of instability. Only vague documentation of radicular objective findings was provided. Fusion would not be supported by guideline recommendations. As such, the requested L4-S1 posterior spinal instrumented fusion is not medically necessary or appropriate

L4-5 transforaminal instrumented fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and AMA.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 2nd Edition (2004), 310.

Decision rationale: The requested L4-5 transforaminal instrumented fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spinal fusion for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review did not provide any evidence of spinal instability at the requested levels as a result of the previous decompression. Additionally, the clinical documentation submitted for review did not provide any objective evidence of neurological deficits in the correlating dermatomes for the requested surgery. There was no documentation of instability. Only vague documentation of radicular objective findings was provided. Fusion would not be supported by guideline recommendations. As such, the requested L4-5 transforaminal instrumented fusion is not medically necessary or appropriate.

L5-S1 transforaminal instrumented fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and AMA

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 2nd Edition (2004), 310.

Decision rationale: The requested L5-S1 transforaminal instrumented fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spinal fusion for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. The clinical documentation submitted for review did not provide any evidence of spinal instability at the requested levels as a result of the previous decompression. Additionally, the clinical documentation submitted for

review did not provide any objective evidence of neurological deficits in the correlating dermatomes for the requested surgery. There was no documentation of instability. Only vague documentation of radicular objective findings was provided. Fusion would not be supported by guideline recommendations. As such, the requested L5-S1 transforaminal instrumented fusion is not medically necessary or appropriate

3 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

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 3 day inpatient hospital stay is not medically necessary or appropriate. As the clinical documentation submitted for review does not support the need for surgical intervention at this time, an inpatient hospital stay would not be indicated. The Official Disability Guidelines do recommend a 3 day inpatient stay for lumbar fusion; however, as the surgery is not indicated, a hospital stay would not be supported. As such, the requested 3 day inpatient stay is not medically necessary or appropriate.