

Case Number:	CM13-0039241		
Date Assigned:	12/18/2013	Date of Injury:	10/22/1992
Decision Date:	03/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/01/2013

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 has a subspecialty in Spine 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 10/22/1992. The mechanism of injury was not provided for review. The patient's treatment history included anti-inflammatory medications, physical therapy, chiropractic treatments, epidural steroid injections, acupuncture, and modification of activities. The patient underwent an MRI in 04/2013, which noted there was no significant interval change from the prior exam in 07/2010. It was documented that the patient had facet degenerative changes from the L3-4 through L5-S1, mild central canal stenosis from the L3-4 to the L4-5, bilateral foraminal narrowing from the L3-4 and L4-5. The patient's most recent clinical examination findings documented that the patient had severe back pain interfering with the patient's ability to ambulate. Objective findings included pain to palpation over the L4-5 and L5-S1, and L3-4 with paraspinal spasming, limited range of motion secondary to pain, decreased extensor hallucis longus and anterior tibialis reflex, diminished sensation in the right and left lower extremities in the L3-4 distributions, and a positive straight leg raising test bilaterally of the lower extremities. The patient's treatment plan included multilevel fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 1 Lateral lumbar fusion, decompression, instrumentation and neuromonitoring at L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

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

Decision rationale: The requested Stage 1 lateral lumbar fusion, decompression, instrumentation, and neuromonitoring at the L2-3, L3-4, and L4-5 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine only recommends fusion surgery for patients with significant instability for evidence of trauma to the spine. The clinical documentation submitted for review does not provide any evidence that the patient has any pathology that would support significant stability that would indicate the need for a multilevel spinal fusion. The clinical documentation does indicate that the patient has had persistent pain complaints with radiculopathy that have been recalcitrant to conservative treatments. However, without documentation of spinal instability and exhaustion of lesser surgical interventions, the need for multilevel spinal fusion is not supported. As such, the requested Stage 1 lateral lumbar fusion, decompression, instrumentation, and neuromonitoring at the L2-3, L3-4, and L4-5 are not medically necessary or appropriate.

Stage 2 Posterior lumbar fusion, decompression, instrumentation, neuromonitoring at L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 307.

Decision rationale: The requested Stage 2 posterior lumbar fusion, decompression, instrumentation, and neuromonitoring at the L2-3, L3-4, and L4-5 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine only recommends fusion surgery for patients with significant instability for evidence of trauma to the spine. The clinical documentation submitted for review does not provide any evidence that the patient has any pathology that would support significant stability that would indicate the need for a multilevel spinal fusion. The clinical documentation does indicate that the patient has had persistent pain complaints with radiculopathy that have been recalcitrant to conservative treatments. However, without documentation of spinal instability and exhaustion of lesser surgical interventions, the need for multilevel spinal fusion is not supported. As such, the requested Stage 2 posterior lumbar fusion, decompression, instrumentation, and neuromonitoring at the L2-3, L3-4, and L4-5 are not medically necessary or appropriate.

hospital stay 5-7 days: 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), Hospital Length of Stay (LOS) guidelines

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

Decision rationale: The requested surgical intervention is not supported. Therefore, an inpatient hospital stay would also not be supported

Pre-Operative medical 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: The requested surgical intervention is not supported. Therefore, the requested preoperative medical clearance would also not be supported

Vascular Surgeon: 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: The requested surgical intervention is not supported. Therefore, the requested vascular surgeon would not be supported.

Assistant Surgeon: 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: The requested surgical intervention is not supported. Therefore, the requested assistant surgeon would also not be supported.

On-Q Pump: 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: The requested surgical intervention is not supported by the documentation. Therefore, the requested postsurgical management would also not be supported

LSO Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: The requested surgical intervention is not supported by the documentation. Therefore, the requested postsurgical management would also not be supported.

Cold therapy unit: 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 Chapter, Cold/Heat Packs.

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

Decision rationale: The requested surgical intervention is not supported by the documentation. Therefore, the requested postsurgical management would also not be supported.

Bone growth stimulator: 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), Lumbar Chapter.

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

Decision rationale: The requested surgical intervention is not supported by the documentation. Therefore, the requested postsurgical management would also not be supported.

Pre-Op CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The surgical intervention is not supported by the submitted documentation. Therefore, a preoperative CT scan of the lumbar spine would also not be supported.

Post-Operative physical therapy 2 x a week x 6 weeks: 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: The requested surgical intervention is not supported by the documentation. Therefore, the requested postsurgical management would also not be supported.

