

Case Number:	CM13-0039576		
Date Assigned:	12/20/2013	Date of Injury:	07/21/2012
Decision Date:	09/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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:

This 67 year old claimant has a date of injury on July 21, 2012. Since the injury, the claimant has been treated for back pain and leg pain. The medical records document concern for spinal stenosis and neurogenic claudication. According to the records the claimant has received all appropriate conservative treatment. The imaging reports include MRI's dated September 10, 2012 that identifies cervical spondylosis and stenosis of the L4 through S1 levels. The recommendation has been made for an L2 through S1 posterior decompression and fusion with iliac crest bone marrow aspiration, harvesting possible junctional levels, and a three day inpatient stay was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Possible L2-S1 posterior lumbar interbody fusion with instrumentation, neural decompression, iliac crest marrow aspiration/harvesting, possible junction levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 5/10/13), Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307,310.

Decision rationale: The California ACOEM Guidelines do not support the proposed surgery for a lumbar fusion. The ACOEM Guidelines only recommend a lumbar fusion in the presence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. There is no documentation of instability in the records provided for review. Therefore, the request for L4-S1 Possible L2-S1 Posterior Lumbar Interbody Fusion with Instrumentation, neural decompression, iliac crest marrow aspiration/harvesting, possible junction levels is not medically necessary.

3 days inpatient 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 (updated 5/10/13), Hospital 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): Hospital length of stay (LOS). Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique) Actual data -- median 3 days; mean 3.9 days ($\hat{\pm}0.1$); discharges 161,761; charges (mean) \$86,900 Best practice target (no complications) -- 3 days Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique) Actual data -- median 3 days; mean 4.2 days ($\hat{\pm}0.2$); discharges 33,521; charges (mean) \$110,156 Best practice target (no complications) -- 3 days Lumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique) Actual data -- median 3 days; mean 3.8 days ($\hat{\pm}0.2$); discharges 15,125; charges (mean) \$89,088 Best practice target (no complications) -- 3 days.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.