

Case Number:	CM13-0040548		
Date Assigned:	12/20/2013	Date of Injury:	05/28/2009
Decision Date:	03/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 is a 40 year old male who reported a work-related injury on 05/28/2009, specific mechanism of injury not stated. The patient presented for treatment of L5-S1 isthmic spondylolisthesis with associated bilateral referred versus radicular pain. X-rays of the lumbar spine, performed on 11/07/2012 and signed by [REDACTED], revealed a left L5 pedicle fracture suggested and possible right-sided fracture. An MRI of the lumbar spine dated 03/18/2013, signed by [REDACTED], revealed (1) re-demonstration of L5-S1 annular disc bulge with diminished central disc extrusion component with continued bilateral foramina exiting L5 root effacement changes; (2) the L4-5 level revealed central and paracentral disc extrusion as previously of the same degree with stable bilateral foraminal narrowing and (3) mild degenerative changes from L2-3. The clinical note dated 07/29/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that upon physical exam of the patient's lumbar spine, no tenderness was present. Range of motion allowed for 90 degrees of flexion at the hips with forward reach to the ankles, extension of 20 degrees and lateral bending of 30 degrees bilaterally. Straight leg raise testing was negative. Neurological exam of the lower extremities was intact to motor strength and sensation. Deep tendon reflexes were absent. The provider recommended an anterior decompression and fusion of 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:

L4-5 and L5-S1 Anterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence significant enough pathology for a 2 level lumbar fusion about the L4-5 and L5-S1. The California MTUS/ACOEM indicate that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. Additionally, the Official Disability Guidelines indicate specific criteria prior to the requested operative procedure, to include evidence of instability via imaging studies, documentation of any neurological deficit and/or functional disability and a psychological evaluation with any confounding issues addressed that may impede postoperative recovery. Given the lack of the above, the current request is not supported. Additionally, the clinical notes failed to document any recent utilization of conservative treatment for the patient's lumbar spine pain complaints, to include physical therapy and injection therapy. Given all of the above, the request for an L4-5 and L5-S1 anterior lumbar interbody fusion is not medically necessary nor appropriate.

Inpatient 3 Day Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Inpatient Hospital Stay.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence significant enough pathology for a 2 level lumbar fusion about the L4-5 and L5-S1. The California MTUS/ACOEM indicate that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. Additionally, the Official Disability Guidelines indicate specific criteria prior to the requested operative procedure, to include evidence of instability via imaging studies, documentation of any neurological deficit and/or functional disability and a psychological evaluation with any confounding issues addressed that may impede postoperative recovery. Given the lack of the above, the current request is not supported. Additionally, the clinical notes failed to document any recent utilization of conservative treatment for the patient's lumbar spine pain complaints, to include physical therapy and injection therapy. Given all of the above, the request for an L4-5 and L5-S1 anterior lumbar interbody fusion is not medically necessary nor appropriate. Therefore, as the requested operative procedure is not indicated at this point in the

patient's treatment, the request for an inpatient 3 day stay is not medically necessary or appropriate.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians As Assistants 2012.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence significant enough pathology for a 2 level lumbar fusion about the L4-5 and L5-S1. The California MTUS/ACOEM indicate that there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. Additionally, the Official Disability Guidelines indicate specific criteria prior to the requested operative procedure, to include evidence of instability via imaging studies, documentation of any neurological deficit and/or functional disability and a psychological evaluation with any confounding issues addressed that may impede postoperative recovery. Given the lack of the above, the current request is not supported. Additionally, the clinical notes failed to document any recent utilization of conservative treatment for the patient's lumbar spine pain complaints, to include physical therapy and injection therapy. Given all of the above, the request for an L4-5 and L5-S1 anterior lumbar interbody fusion is not medically necessary nor appropriate. Therefore, as the requested operative procedure is not indicated at this point in the patient's treatment, the request for an assistant surgeon is not medically necessary or appropriate.