

Case Number:	CM13-0040556		
Date Assigned:	01/15/2014	Date of Injury:	01/21/2010
Decision Date:	03/27/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 37 year old claimant has a date of injury of January 21, 2010. The claimant is status post L4 through S1 lumbar spine fusion surgery. A note provided September 20, 2013 documents the claimant underwent surgery for fusion in March 2011. The claimant had a sudden onset of severe low back pain when he was arising from a rocking chair with associated leg pain. The claimant did not present to the emergency room and instead went to see his neurosurgeon. The examination demonstrated no new neurologic deficits. The MRI was performed prior to that office visit which demonstrated degenerative disc disease at the L3-4 level. The physician opined that given the MRI findings and physical examination findings consistent with lumbar radiculopathy and recommended L3-4 lumbar discectomy and extension of the prior posterior fixation. The claimant was seen on January 3, 2104. The examination was unchanged and the L3-4 lumbar discectomy and extension of prior posterior fixation was again recommended. An authorization request was then put in for L3-4 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 lumbar discectomy and extension of prior posterior fixation: 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, Section on Dicectomy/Laminectomy, (Updated 5/10/13).

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

Decision rationale: The MTUS Guidelines support spinal fusion for cases of spinal fracture, tumor and instability. The claimant has degenerative disc disease and radiculitis. No surgery can be certified absent findings of instability on flexion/extension radiographs. Therefore inpatient hospital stay, preoperative labs and a postoperative brace is not considered medically necessary.

3 day inpatient hospital 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), Section on Low Back, (Updated 5/10/13), Section on Hospital Length of Stay (LOS).

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

Decision rationale: The MTUS Guidelines support spinal fusion for cases of spinal fracture, tumor and instability. The claimant has degenerative disc disease and radiculitis. No surgery can be certified absent findings of instability on flexion/extension radiographs. Therefore inpatient hospital stay, preoperative labs and a postoperative brace is not considered medically necessary.

Preoperative labs (CBC, PT, PTT, UA, BMP): 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), Section on Preoperative Lab Testing.

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

Decision rationale: The MTUS Guidelines support spinal fusion for cases of spinal fracture, tumor and instability. The claimant has degenerative disc disease and radiculitis. No surgery can be certified absent findings of instability on flexion/extension radiographs. Therefore inpatient hospital stay, preoperative labs and a postoperative brace is not considered medically necessary.

Preop chest x ray: 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), Section on Preoperative Testing General, Chest Radiography, (Chest X-ray).

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

Decision rationale: The MTUS Guidelines support spinal fusion for cases of spinal fracture, tumor and instability. The claimant has degenerative disc disease and radiculitis. No surgery can be certified absent findings of instability on flexion/extension radiographs. Therefore inpatient hospital stay, preoperative labs and a postoperative brace is not considered medically necessary.

Pre-op EKG: 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), Section on Preoperative Electrocardiogram, (EKG).

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

Decision rationale: The MTUS Guidelines support spinal fusion for cases of spinal fracture, tumor and instability. The claimant has degenerative disc disease and radiculitis. No surgery can be certified absent findings of instability on flexion/extension radiographs. Therefore inpatient hospital stay, preoperative labs and a postoperative brace is not considered medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Updated 2013).

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

Decision rationale: The MTUS Guidelines support spinal fusion for cases of spinal fracture, tumor and instability. The claimant has degenerative disc disease and radiculitis. No surgery can be certified absent findings of instability on flexion/extension radiographs. Therefore inpatient hospital stay, preoperative labs and a postoperative brace is not considered medically necessary.