

Case Number:	CM13-0044191		
Date Assigned:	12/27/2013	Date of Injury:	04/04/1996
Decision Date:	05/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 is a 66-year-old gentleman was injured in a work-related accident on 4/4/96 sustaining injury to his low back. The clinical records reviewed include a recent MRI (magnetic resonance imaging) report, dated 5/8/13, indicating multilevel disc protrusion and canal stenosis. There was moderate to severe facet hypertrophy at L4-5 and at the L3-4 level. Plain film radiographs reviewed from the same date showed a 4 mm, retrolisthesis that reduces on flexion at the L2-3 level. Electrodiagnostic studies dated 5/30/13 show an S1 radiculopathy and mild right L5 radiculopathy. It states that previous conservative measures have failed including therapy, injections, work restrictions, medication management, and chiropractic care. The claimant's recent clinical assessment dated 10/8/13 describes continued low back axial complaints as well as radiating pain into the thighs, right greater than left. Physical examination showed weakness of the lower extremities with hip flexion and extension and knee flexion and extension bilaterally. There were equal and symmetrical reflexes. Given the claimant's failed conservative measures, a staged fusion procedure was recommended given the claimant's ongoing complaints at the L2-3 through L4-5 level for further definitive management.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGE 1 INPATIENT SURGICAL PROCEDURES: ANTERIOR LUMBAR INTERBODY FUSION VIA LATERAL APPROACH, LEFT POSSIBLE RIGHT WITH APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE WITH LOCAL

AUTOGRAFT, ALLOGRAFT AND POSSIBLE ILIAC CREST BONE GRAFT HARVEST AT L2-3, L3-4 AND POSSIBLE L4-5 WITH POSSIBLE ADJACENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California ACOEM Guidelines would not support the role of stage one of the staged fusion procedure to the claimant's lumbar spine that would include fusion to the L2-3 through L4-5 levels. While the claimant's imaging is noted to show segmental instability at L2-3, there is no clear correlation between the claimant's physical exam findings, level of instability, and neurocompressive findings. The claimant's current clinical presentation would not support a multilevel fusion procedure. It is definitely clear that there is no indication of segmental instability at the L3-4 or L4-5 level to necessitate multilevel procedure at present. As such, the request is not certified.

STAGE 2 INPATIENT SURGICAL PROCEDURE: POSSIBLE OPEN POSTERIOR LUMBAR DECOMPRESSION INSTRUMENTATION STABILIZATION FUSION, L2-3, L3-4, AND L4-5 WITH POSSIBLE ADJACENT SEGMENTS, POSSIBLE ADJACENT SEGMENTS, POSSIBLE INTERBODY FUSION FROM THE POSTERIOR APPROACH IF THE LATERAL APPROACH IS NOT POSSIBLE AT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California ACOEM Guidelines would also not support the second stage of the requested procedure as the need for operative intervention has not been established. As such, the request is not certified.

PREOPERATIVE MEDICAL CLEARANCE, LABS: METABOLIC PANEL, CBC, THROMBOPLASTIN TIME PARTIAL, PROTHROMBIN TIME, URINALYSIS AUTO WITH SCOPE AND BLOOD CULTURE FOR BACTERIA, EKG, CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://cir.ahajournals.org/cgi/content/full/116/17/e418>

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California ACOEM/OMPG Guidelines and supported by Official Disability Guidelines (ODG), criteria would not support the role of medical clearance as well as significant preoperative laboratory assessment given the lack of need for operative process at present. As such, the request is not certified.