

Case Number:	CM13-0047750		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2011
Decision Date:	04/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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:

The claimant is a 31-year-old female who injured her low back on April 20, 2011. Clinical records for review included a recent progress report by [REDACTED] on November 25, 2013 documenting current complaints of low back pain with radiating right lower extremity pain, weakness, and a give way sensation. Objectively, there was tenderness to palpation with limited range of motion and diminished sensation in a right L3 and L4 dermatomal distribution. Right straight-leg raising was positive. The claimant's working assessment was lumbar strain with disc protrusions. The recommendation based on failed conservative care was an L4-5 laminectomy with discectomy and interbody fusion. The clinical imaging reports included an MRI report from July 22, 2013 showing at the L4-5 level a disc protrusion abutting the exiting L5 nerve root resulting in neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR LAMINECTOMY AND DISCECTOMY WITH POSTERIOR INTERBODY FUSION AND IMPLANTATION OF FUSION CAGES AT THE L4-5 LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM guidelines, an L4-5 lumbar fusion would not be indicated. While the claimant is noted to have continued symptoms and physical examination findings supportive of a radicular process, there is currently no documentation of lumbar instability at the L4-5 level to support the need for surgical fusion. The specific request at this stage in the claimant's clinical course of care would not be indicated.

THREE (3) TO FIVE (5) DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 procedure - Fusion (spinal).

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for three to five days inpatient stay would not be indicated.

PREOPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance is not indicated.

LUMBAR-SACRAL ORTHOSIS (LSO) BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 298.

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for an LSO back brace is not indicated.

ONE (1) TO TWO (2) UNITS OF BLOOD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for 1 to 2 units of blood is not indicated.

WALKER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for a walker is not indicated.

NEUROLOGICAL VISION MONITOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Official Disability Guidelines (ODG), low back procedure, Intraoperative neurophysiological monitoring (during surgery).

HOME HEALTH NURSE EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for a home health nurse evaluation is not indicated.

POSTOPERATIVE PHYSICAL THERAPY, THREE (3) TIMES PER WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed bilateral lumbar laminectomy and discectomy with posterior interbody fusion and implantation of fusion cages L4-5 level cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is not indicated
Disclaimer: