

Case Number:	CM13-0050816		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2009
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/14/2013

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 has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this patient reported a 2/1/09 date of injury. At the time (10/9/13) of request for authorization for inpatient L4-5 & L5-S1 laminectomy and fusion with 2 day LOS, there is documentation of subjective (progression of low back pain and radiating leg symptoms in the L4 and L5 distributions; anterior thigh pain) and objective (antalgic gait, unable to balance on heels and barely able to come up on toes, 4-/5 strength in both ankle dorsiflexion and great toe extensors) findings, reported imaging findings (L/S MRI (09) findings include lumbar spinal stenosis especially subarticular and neural foraminal stenosis at L4-5 as well as grade 1 spondylolisthesis at L5-S1), current diagnoses (lumbar adult degenerative spondylolisthesis at L5-S1 and lumbar spinal stenosis with degenerative changes at L4-5), and treatment to date (medications, PT, and IF unit). The 9/13/13 medical report Treatment and Recommendations identifies request authorization for a new MRI of the lumbar spine. There is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 64-5 & L5-s1 Laminectomy and Fusion with 2 day LOS: Upheld

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

MAXIMUS 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) Low Back Discectomy/Laminectomy and Fusion (spinal); Hospital Length of Stay (LOS).

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG supports 3-4 days inpatient stay for the postoperative management of lumbar laminectomy and fusion. Within the medical information available for review, there is documentation of diagnoses of lumbar adult degenerative spondylolisthesis at L5-S1 and lumbar spinal stenosis with degenerative changes at L4-5. In addition, there is documentation of severe and disabling lower leg symptoms and objective signs of neural compromise and failure of conservative treatment. However, despite reported L/S MRI (09) findings that include lumbar spinal stenosis especially subarticular and neural foraminal stenosis at L4-5 as well as grade 1 spondylolisthesis at L5-S1, and given the 9/13/13 medical report requesting authorization for new MRI of the lumbar spine, there is no documentation of (recent) imaging findings in concordance between radicular findings on radiologic evaluation report and physical exam findings. In addition, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for inpatient L4-5 & L5-S1 laminectomy and fusion with 2 day LOS is not medically necessary.