

Case Number:	CM13-0052366		
Date Assigned:	04/11/2014	Date of Injury:	10/16/2012
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pennsylvania. 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 56-year-old gentleman who sustained an injury to the low back in a work-related accident on 10/16/12. The clinical records provided for review include Electrodiagnostic studies dated 12/12/12 showed bilateral L5 radiculopathy and a report of a 12/9/12 MRI of the lumbar spine revealed multilevel degenerative changes with moderate to severe canal stenosis most pronounced at the L4-5 level with multilevel mild foraminal narrowing. The report of an assessment on 4/4/14 documented ongoing complaints of axial pain currently being treated with medication. Objective findings on that date showed restricted lumbar range of motion, tenderness to palpation at the L4 and L5 levels, positive facet loading, positive left-sided straight leg raise and tenderness noted over the sacroiliac joint. Motor examination showed decreased extensor hallucis longus strength of 4/5 and dorsiflexion of 4/5 bilaterally. Sensory examination showed dysesthesias over the L3 and L5 left nerve root distribution. Equal and symmetrical reflexes were noted. The claimant's diagnosis was lumbar radiculopathy with myofascial spasm and chronic pain. The recommendations were for continued use of medication and surgery to consist of laminectomies at L2-3 and L3-4 with interbody fusion to be performed at L4-5 and posterolateral arthrodesis from L2 through L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LAMINOTOMIES AT L2-L3 AND L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 112,306.

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines do not support the request for an L2-3 and L3-4 laminectomy. There is a lack of clinical correlation between the claimant's exam findings, imaging reports, and electrodiagnostic testing. The lack of correlation would fail to necessitate the multilevel surgical process being requested. The request for bilateral laminotomies at L2-L3 and L3-L4 is not medically necessary.

INPATIENT STAY 3-4 DAYS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - Fusion (Spinal): Hospital Length Of Stay (LOS).

Decision rationale: The Expert Reviewer's decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for three to four days inpatient stay is not necessary.

TRANSFORAMINAL LUMBAR INTERBODY ARTHRODESIS AT L4-L5: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines currently do not support the request for transforaminla interbody fusion at L4-5. While this individual is noted to have ith multilevel lumbar degenerative changes and stenotic findings, there is no documentation of segmental instability at the L2-3 through L4-5 levels to necessitate a multilevel fusion procedure. This specific portion of the operative procedure would not be indicated. the request for transforaminal lumbar interbody arthrodesis at L4-L5 is not medically necessary.

BILATERAL PEDICLE SCREW/ROD FIXATION AT L4-L5: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines currently do not support the proposed surgical fusion. While this individual is noted to have multilevel lumbar degenerative changes and stenotic findings, there is no documentation of segmental instability at the L2-3 through L4-5 levels to necessitate a multilevel fusion procedure. This specific portion of the operative procedure would not be indicated. The request for bilateral pedicle screw/rod fixation at L4-L5 is not medically necessary.

POSTEROLATERAL ARTHRODESIS WITH LOCAL BONE GRAFT FROM L2 TO L5 WITH USE OF INFUSE: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines currently do not support the proposed surgical fusion. While this individual is noted to have multilevel lumbar degenerative changes and stenotic findings, there is no documentation of segmental instability at the L2-3 through L4-5 levels to necessitate a multilevel fusion procedure. This specific portion of the operative procedure would not be indicated. The request for posterolateral arthrodesis with local bone graft from L2 to L5 with use of infuse is not medically necessary.