

Case Number:	CM13-0053544		
Date Assigned:	12/30/2013	Date of Injury:	05/29/2008
Decision Date:	04/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 claimant is a 62 year old male who sustained an injury to the lumbar spine in a work related accident May 28, 2008. The initial mechanism of injury was not noted. The medical records for review included a progress report of November 5, 2013 when the claimant was seen by [REDACTED] for complaints of low back pain with radiating bilateral lower extremity pain. It was documented that the claimant had failed nonoperative care including therapy, medications and injections and continued to be symptomatic. Physical examination showed 4/5 weakness to the right quadriceps, and bilateral tibialis anterior and extensor hallucis longus. There were diffuse sensory changes in a non-dermatomal distribution. The claimant ambulated slowly with continued tenderness to the lumbar spine. Reviewed was a previous MRI report of October 15, 2013 that showed evidence of multiple level degenerative changes L1-2 through L5-S1. At the claimant's L3-4 level was moderate stenosis with foraminal narrowing bilaterally. The L4-5 level had moderate stenosis and degenerative change with encroachment at the exiting L5 nerve roots and the L5-S1 level had severe stenosis with recess narrowing and encroachment upon the exiting L5 and S1 nerve roots. Based on the claimant's failed conservative measures a three level L3-4 through L5-S1 fusion procedure was recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 arthrodesis posterior interbody technique L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

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

Decision rationale: Based on the CA ACOEM Guidelines lumbar fusion at L3-4 would not be indicated. The claimant is noted to have continued complaints on physical examination findings. From a diagnostic standpoint, there is no documentation of lumbar instability that would support the proposed surgery. The lack of clinical correlation between segmental findings at the level of surgical request on imaging would not support the proposed surgery as medically necessary.

1 arthrodesis posterior interbody technique L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

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

Decision rationale: Based on the CA ACOEM Guidelines lumbar fusion would not be indicated. The claimant is noted to have continued complaints of pain. There is no documentation of lumbar instability at L4-L5 that would justify the role of the three level procedures in question. The lack of clinical correlation between segmental findings at the level of surgical request on imaging would fail to necessitate the role of the surgical process in question.

1 arthrodesis posterior interbody technique L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

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

Decision rationale: Based on the CA ACOEM Guidelines lumbar fusion at L5-S1 would not be indicated. The claimant is noted to have continued complaints but there is no documentation of lumbar instability at L5-S1 that would justify the role of the three level procedures in question. The lack of clinical correlation between segmental findings at the level of surgical request on imaging would fail to necessitate the role of the surgical process in question.

1 arthrodesis posterior lateral technique L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

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

Decision rationale: Based on the CA ACOEM Guidelines arthrodesis posterior lateral L3-4 lumbar fusion would not be indicated. The claimant has continued complaints of pain but there is no documentation of lumbar instability at L3-4 L5-S1 that would justify the role of the fusion at L3-4. The lack of clinical correlation between segmental findings at the level of surgical request on imaging would fail to necessitate the role of the surgical process in question.

1 arthrodesis posterior lateral technique L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

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

Decision rationale: Based on the CA ACOEM Guidelines arthrodesis posterior lateral technique at L4-5 lumbar fusion would not be indicated. There is no documentation of lumbar instability at L4-5 that would justify the role of the three level procedures in question. The lack of clinical correlation between segmental findings at the level of surgical request on imaging would fail to necessitate the role of the surgical process in question.

posterior instrumentation for fixation rods, hooks, wires for 3 levels, L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

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

Decision rationale: Based on the CA ACOEM Guidelines posterior instrumentation for fixation rods, hooks, wires for three levels, L3-4, L4-5, and L5-S1 lumbar fusion would not be indicated. There is no documentation of lumbar instability at L3-4, L4-5, or L5-S1 that would justify the role of the three level procedures in question. The lack of clinical correlation between segmental findings at the level of surgical request on imaging would fail to necessitate the role of the surgical process in question.

1 external bone growth stimulator: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - Bone Growth Stimulators (BGS).

Decision rationale: A bone growth stimulator would not be indicated as the need for operative intervention in this case has not been established thus negating the need for a bone growth stimulator device.

1 lumbosacral arthrosis rigid fram with sagittal/coronal control: 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): 307.

Decision rationale: Based on the CA ACOEM Guidelines the role of operative intervention is not supported thus negating the need for lumbar hardware for the surgery in questions.

Post-operative physical therapy lumbar spine 3 times 6, QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The need for 18 sessions of postoperative physical therapy would not be indicated as the need for operative intervention is not established.

4 day inpatient hospital days status post spinal fusion surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure - fusion: hospitalization length of stay

Decision rationale: The MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria a four day inpatient hospital stay would not be supported as the need for operative intervention in this case is not established.