

Case Number:	CM13-0061155		
Date Assigned:	03/03/2014	Date of Injury:	02/17/2011
Decision Date:	05/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 56-year-old female who sustained an injury to the low back on February 7, 2011. The records provided for review indicated a past medical history of an L4 through S1 lumbar fusion, performed in 2005. A CT scan of the lumbar spine dated October 7, 2013, showed postsurgical changes with disc bulging at the L4-5 level and 4 millimeters of spondylolisthesis at the prior fusion site. Also noted were bilateral facet hypertrophy at multiple levels, mild to moderate left-sided foraminal narrowing at L3-4 and L5-S1, and solid evidence of fusion. A follow-up visit dated November 4, 2013, documented complaints of low back pain with neurologic findings showing quadriceps strength at 4/5, absent reflexes bilaterally and diminished sensation to pinprick in a left L3-4 dermatomal distribution. Following review of claimant's CT scan, surgical intervention was recommended in the form of an L2 through L4 anterior lumbar interbody fusion with decompression and instrumentation. This request is for the fusion, posterior L2-L4 GILL laminectomy, revision pedicle screw fusion at L2-S1, and a four-day inpatient stay. To perform the surgical procedure, hardware removal at L4-5 would need to take place.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR L2-3, 3-4 DISCECTOMY AND INTERBODY FUSION: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, an interbody fusion at the L2-3 and L3-4 level cannot be supported. The records provided for review fail to demonstrate any evidence of segmental instability at the L2-3 or L3-4 level to establish the need for acute surgical process. Absent motion at the above levels, this request would not be indicated as medically necessary.

POSTERIOR L2-L4 GILL LAMINECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 12, 306.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

REVISION PEDICLE SCREW FUSION L2-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 12, 307.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

4 DAYS INPATIENT STAY: 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), THE LOW BACK, PATIENT SELECTION CRITERIA FOR LUMBAR SPINAL FUSION.

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.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.