

Case Number:	CM13-0067218		
Date Assigned:	01/17/2014	Date of Injury:	12/03/2006
Decision Date:	05/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 56-year-old, female injured in a work related accident 12/30/06 sustaining an injury to the low back. Recent clinical report of 01/14/14 indicates ongoing low back and radiating leg pain stating failed conservative care. The Examination showed restricted range of motion with an abnormal gait pattern. There was palpable tenderness to palpation with equal and symmetrical reflexes, no motor or sensory deficit. Treatment has included multiple injections, physical therapy, medication management, and activity restrictions. Surgical intervention was recommended at that time based on failed conservative care in the form a staged anterior, posterior fusion from L2 through S1. Documentation of prior imaging includes an MRI report of 08/01/13 showing an anterolisthesis of L5 on S1 in nature with moderate foraminal narrowing as well as significant foraminal narrowing at L2-3 through L5-S1 with diffuse disc bulging, disc osteophyte complex, and degenerative changes. There was multilevel facet hypertrophy. There is no indication of plain film radiographs demonstrating segmental instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAGE 1 ANTERIOR LUMBAR INTERBODY CAGE FUSION L5-S1, STAGE 2 ANTERIOR CAGE PLACEMENT AT L2-3, L3-4, L4-5 AND PEDICLE SCREW INSTRUMENTATION AND FUSION FROM L2-S1: 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: California ACOEM Guidelines would not support the role of multilevel staged fusion. While the patient is with continued complaints of pain at present, there is no clinical correlation between the L2 through S1 level. Examination findings and imaging supportive of compressive neurologic and radicular processes. When taking into account there is no current indication of segmental instability at the multilevel for which fusion is being recommended, the acute need of this aggressive surgery would not be supported.

5 DAY INPATIENT LENGTH OF 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).

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 (spinal).

Decision rationale: MTUS Guidelines are silent. Official Disability Guidelines would not support a five day inpatient stay as the need for operative intervention has not been established.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: Assistant Surgeon Guidelines.

Decision rationale: MTUS Guidelines are silent. Milliman Care Guidelines would not support the role of an assistant surgeon as the need for operative intervention has not been established.