

Case Number:	CM13-0070486		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2004
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 injured worker is a 55-year-old male who reported an injury on 06/13/2004 after he reportedly strained his right hip while fighting a vegetation fire. The injured worker ultimately underwent an L5-S1 discectomy and laminectomy. The injured worker underwent an MRI on 02/20/2013 that concluded there was a laminectomy defect at the L5-S1 with minimal central spinal canal stenosis indenting on the midline ventral sac, however, not impinging on the nerve roots. The injured worker was treated postsurgically with epidural steroid injections and a sacroiliac joint injection. The most recent evaluation submitted for review was dated 10/22/2013. Physical findings included decreased distal sensation and slow reaction time. The injured worker's diagnoses included low back pain, pain in limb, crushed hand and fingers. The injured worker's treatment plan included arthrodesis of the right sacroiliac joint and posterior arthrodesis and decompression of the L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTER-BODY FUSION LATERAL APPROACH L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Procedure.

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

Decision rationale: The requested anterior lumbar interbody fusion lateral approach at L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion for injured workers who have evidence of instability, radicular findings upon examination corroborated by an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review does not provide a recent assessment to support that the injured worker has significant radicular symptoms nonresponsive to conservative treatments. Additionally, the imaging study submitted for review did not provide any evidence of instability that would benefit from fusion surgery. As such, the requested anterior lumbar interbody fusion lateral approach at the L5-S1 is not medically necessary or appropriate.

RE-EXPLORATION DECOMPRESSION L5-S1/POSTEROLOATERAL FUSION L5-S1 WITH INSTRUMENTATION/ RIGHT S1 JOINT FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Procedure.

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

Decision rationale: The requested re-exploration decompression L5-S1/posterolateral fusion L5-S1 with instrumentation/ right S1 joint fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion for injured workers who have evidence of instability, radicular findings upon examination corroborated by an imaging study that has failed to respond to conservative treatments. The clinical documentation submitted for review does not provide a recent assessment to support that the injured worker has significant radicular symptoms nonresponsive to conservative treatments. Additionally, the imaging study submitted for review did not provide any evidence of instability that would benefit from fusion surgery. As such, the requested re-exploration decompression L5-S1 posterolateral fusion L5-S1 with instrumentation/ right S1 joint fusion is not medically necessary or appropriate.

HOME HEALTH CARE POST LUMBAR ARTHRODESIS, THREE TIMES A WEEK FOR FOUR WEEKS POST SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation due to surgical intervention is not being supported by the documentation.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

SKILLED NURSING FACILITY 2 WEEKS POST LUMBAR ARTHRODESIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation due to surgical intervention is not being supported by the documentation.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.