

Case Number:	CM14-0012175		
Date Assigned:	02/21/2014	Date of Injury:	01/15/2012
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/29/2014

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:

The patient is a 43-year-old gentleman who sustained a low back injury in work related accident on 01/15/12. The records provided for review include the report of an MRI of the lumbar spine dated 03/30/12 that identified degenerative disc disease, shallow disc protrusions at L4-5 and L5-S1, and no effacement of the exiting nerve roots. A 12/09/13 PR-2 report noted continued severe low back and bilateral leg complaints. Objective findings on examination showed tenderness to palpation, restricted lumbar range of motion, spasm and diminished sensation at bilateral L5-S1 dermatomal distribution. The diagnosis was lumbar discogenic disease and sprain. Recommendations were for work restrictions and surgery for an L4-5 and L5-S1 decompression and interbody fusion. The documentation does not include imaging reports of segmental instability at L4-5 or L5-S1 on plain film radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR DECOMPRESSION AND INTERBODY ARTHRODESIS L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM Guidelines, the request for a two-level fusion at L4-5 and L5-S1 would not be supported. The medical records do not contain any evidence of progressive neurologic dysfunction on examination or indication of segmental instability at the L4-5 or L5-S1 level on imaging to support the proposed fusion process. Therefore, the proposed surgery absent the evidence of segmental instability and examination indicating progressive neurologic dysfunction would fail to support the need for a fusion.

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.

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 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT® Y/N Description 22533 Y Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar 22558 Y Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decomp

Decision rationale: The proposed two level fusion is not recommended as medically necessary. Therefore, the request for an assistant surgeon is not necessary.

IN-PATIENT HOSPITAL TIMES THREE DAYS: 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) Treatment in Worker's Comp, 18th Edition, 2014 Updates: low back procedure - Hospital length of stay (LOS). Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique) Actual data -- median 3 days; mean 3.9 days (± 0.1); discharges 161,761; charges (mean) \$86,900 Best practice target (no complications) -- 3 days Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior t

Decision rationale: The proposed two level fusion is not recommended as medically necessary. Therefore, the request for an inpatient stay is not necessary.

LSO BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: The proposed two level fusions is not recommended as medically necessary. Therefore, the request for an assistant surgeon is not necessary.