

Case Number:	CM14-0016440		
Date Assigned:	04/11/2014	Date of Injury:	04/19/2006
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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:

Records include an electrodiagnostic study report of January 8, 2013 that was unremarkable. An orthopedic spine follow-up of December 4, 2013 which indicated that the claimant underwent a recent epidural steroid injection at the L5-S1 level that provided minimal improvement. Physical examination showed restricted lumbar range of motion with positive left sided straight leg raise, a blunted left knee reflex and subtle weakness to the quadriceps and dorsiflex to the left lower extremity. At that time the claimant was known to be status post a prior anterior and posterior spinal fusion at L4-5 with significant transitional stenosis at the L3-4 level. Surgical intervention in the form of an L3-4 fusion was recommended for further definitive care. Previous MRI from September 9, 2013 revealed previous hardware at the L4-5 level with disc protrusion at the left at L3-4 with neural foraminal stenotic findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 DAYS IN PATIENT 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, Low Back; Hospital Length Of Stay.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

SURGICAL ASSISTANT : PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bcbsnc.com>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <HTTP://WWW.GUIDELINE.GOV/CONTENT.ASPX?ID=38289>.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PRE-OP LABS (CBC, CMP, PTT, PT/INR, CXR, EKG, NARES CULTURE FOR MRSA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE, LOW BACK; PREOPERATIVE LAB TESTING.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

EXTREME LATERAL INTERBODY FUSION L3/4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: According to the MTUS/ACOEM Guidelines, Low Back Chapter, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually

considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the non-fusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation)." In this case, the claimant is noted to be with a disc protrusion and subtle focal radicular findings on examination, this individual is also with negative electrodiagnostic studies and no indication of acute instability on imaging to support the role of a fusion procedure. Therefore, the request for extreme lateral interbody fusion L3-L4 is not medically necessary and appropriate.

POSTERIOR LAMINECTOMY/DISECTOMY L3/4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: According to the MTUS/ACOEM Guidelines, Low Back Chapter, "Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." In this case, this portion of the claimant's surgical process which is to include a lumbar fusion has not been supported by Guideline criteria. Therefore, the request for Laminectomy/discectomy L3-L4 is not medically necessary and appropriate.