

Case Number:	CM14-0136519		
Date Assigned:	09/03/2014	Date of Injury:	09/30/2003
Decision Date:	10/06/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 55 year old male with an industrial injury dated 09/30/03. The patient is status post two back surgeries with the second being a decompression and fusion at L4-5 as of 04/14/09. The patient reports numbness, tingling and weakness in their left leg. Current medications include Oxycontin, and Fentanyl patches. Physical exam demonstrates severe weakness and dorsiflexion of the left foot and ankle. The patient has absent knee and ankle reflexes, and does not have the ability to walk on their toes or lift. MRI lumbar spine 06/20/14 shows prior L5-S1 laminectomies with posterior instrumentation. In addition, there was moderate L4-5 right subarticular disc protrusion partially effacing the lateral recess and could affect the traversing right L5 nerve, concerning adjacent segment disease. There is mild canal stenosis at L3-4, with neural foraminal narrowing from L3-4 to L5-S1, moderate at L4-L5 and L5-S1. Treatment includes an anterior discectomy and fusion at L5-, removal of screws and rods at L5-S1, bilateral laminectomy at L3-4 and L4-5, reinsertion of screws at L4-5 and fusion using autogenous iliac bone crest. Approval of extension of lumbar fusion and decompression from to L3/4 level by utilization review is noted on 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of screws and rods at L5-S1 QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Arthrodesis

Decision rationale: According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this case, the decision for removal of screws and rods at L5/S1 is for planned extension of fusion which has previously been approved by utilization review on 7/24/14. Therefore, this request is medically necessary.

3-5 Days inpatient stay QTY: 5.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Length of stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Length of stay.

Decision rationale: ODG Low Back, Length of stay, reports that 3 day stay is best practice for posterior fusion. The mean is 3.9 days. As this is a revision surgery, the requested 3-5 day stay is appropriate and within the guidelines. Therefore, the request is medically necessary.

Reinsertion of screws at L4-5 QTY: 1.00: Overturned

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 Official Disability Guidelines (ODG) Low Back, Fusion

Decision rationale: According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and

narcotic dependence. In this case, the decision for reinsertion of screws at L4/5 is for planned extension of fusion which has previously been approved by utilization review on 7/24/14. Therefore, this request is medically necessary.

Bilateral laminectomy L4-5 QTY: 2.00: Overturned

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 Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy

Decision rationale: According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition the CT report from 6/20/14 demonstrates moderate L4/5 right subarticular disc protrusion with severe bilateral foraminal narrowing. This neural compression, combined with the prior approval of surgery by utilization review from 7/24/14 meets ODG criteria and is medically necessary.