

Case Number:	CM14-0162930		
Date Assigned:	10/08/2014	Date of Injury:	07/25/2006
Decision Date:	11/26/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 Spinal 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 has a date of injury of February 18, 2009. The patient has chronic low back pain. Physical examination range of motion of the lumbar spine is limited. Straight leg raising is positive on the right. Reflexes are 2+ at the patella and absent at the ankle. Knee extension is slightly reduced and muscle strength. Great toe extension cited reduced and muscle strength. MRI lumbar spine from February 2013 shows degenerative disc condition L4-5 and L5-S1. The previous discectomy surgery at both levels. There is no evidence of instability. The patient is diagnosed with mechanical low back pain and had L4-5 and L5-S1 microdiscectomy surgery. The patient continues to have chronic low back pain. At issue is whether two-level lumbar fusion and 3 day hospital stay a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-3 day inpatient hospital 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), Low Back, Hospital Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Low Back Pain Chapter, pages 305-322.

Decision rationale: The patient does not meet establish criteria for two-level lumbar surgery. Specifically the medical records do not document any evidence of lumbar instability, fracture or tumor. Guidelines for fusion surgery are not met in this case. The patient a previous laminectomy surgery without any evidence of instability or significant neurologic deficit. Two-level fusion surgery is not medically necessary. Since two-level lumbar fusion surgery is not medically necessary, then 1-3 day postoperative hospital stay not needed.

Anterior to Posterior fusion L4-L5, L5-S1 (laterally unspecified): 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 Other Medical Treatment Guidelines or Medical Evidence: Low Back Pain Chapter.

Decision rationale: The patient does not meet establish criteria for two-level lumbar surgery. Specifically the medical records do not document any evidence of lumbar instability, fracture or tumor. Guidelines for fusion surgery are not met in this case. The patient a previous laminectomy surgery without any evidence of instability or significant neurologic deficit. Two-level fusion surgery is not 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 www.guidelines.gov/content.aspx?id=38289

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.