

Case Number:	CM14-0165404		
Date Assigned:	10/09/2014	Date of Injury:	07/19/2014
Decision Date:	11/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 30-year-old male with a 7/19/14 date of injury. At the time (8/27/14) of request for authorization for Inpatient L5-S1 decompression transforaminal lumbar interbody fusion (TLIF), Assistant surgeon, Three (3) to five (5) day hospital stay, and Preoperative medical clearance: chest x-ray, EKG and labs to include complete blood count, basic metabolic panel and urinalysis, there is documentation of subjective (low back, right buttock, and posterior thigh pain) and objective (motor strength of 5/5 in all extremities, 1+ ankle jerk reflex, and sensory exam is intact to light touch and pinprick) findings, imaging findings (MRI of the lumbar spine (7/19/14) report revealed probable bilateral pars interarticularis defects at the L5 level with associated Grade I anterolisthesis of L5 relative to S1, degenerative changes most apparent at the L5-S1 level, and moderate to severe bilateral neural foraminal compromise at the L5-S1 level secondary to anterolisthesis, bulging disc material, and hypertrophic spur formation; and X-ray of the lumbar spine (7/21/14) report revealed no significant change in alignment is seen with flexion or extension), current diagnoses (Grade II isthmic spondylolisthesis at L5-S1 with a right sided lumbar radiculopathy), and treatment to date (medications, epidural steroid injection, and physical therapy). Regarding TLIF, there is no documentation of failure of conservative treatment; and an indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient L5-S1 decompression transforaminal lumbar interbody fusion (TLIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability or a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis of Grade II isthmic spondylolisthesis at L5-S1 with a right sided lumbar radiculopathy. In addition, given documentation of subjective (low back, right buttock, and posterior thigh pain) and objective (1+ ankle jerk reflex) findings (S1 dermatomal distribution), there is documentation of severe and disabling lower leg symptoms consistent with abnormalities on imaging studies (moderate to severe bilateral neural foraminal compromise at the L5-S1). Furthermore, there is documentation of failure of conservative treatment. However, given documentation of imaging finding (X-ray of the lumbar spine identifying no significant change in alignment is seen with flexion or extension), there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Inpatient L5-S1 decompression transforaminal lumbar interbody fusion (TLIF) is not medically necessary.

Assistant surgeon: Upheld

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

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.

Three (3) to five (5) day hospital stay: Upheld

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

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.

Preoperative medical clearance: chest x-ray, EKG and labs to include complete blood count, basic metabolic panel and urinalysis:

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

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.