

Case Number:	CM14-0180396		
Date Assigned:	11/05/2014	Date of Injury:	02/06/2009
Decision Date:	12/11/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/30/2014

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 New Jersey. 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 injured worker is a 68-year-old male who reported an injury on 02/06/2009. The mechanism of injury involved repetitive activity. The current diagnoses include intractable lower back pain, degenerative disc disease in the lumbar spine, disc herniations in the lumbar spine, and radiculitis in the left lower extremity. The latest physician progress report submitted for this review was documented on 07/11/2014. The injured worker presented with ongoing severe pain in the lower back with numbness in the left lower extremity. Physical examination revealed positive tenderness in the paralumbar musculature, normal motor strength in the lower extremities, 2+ deep tendon reflexes, 60 degree forward flexion, 10 degree extension, positive straight leg raise bilaterally, and diminished sensation in the L4 and L5 nerve root distributions bilaterally. Previous conservative treatment is noted to include lumbar epidural steroid injections, physical therapy, and medications. Treatment recommendations included additional lumbar epidural steroid injections, a spine surgery second opinion consultation for a possible decompression and fusion, and a pain management consultation. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression and possible fusion at unspecified level with 2 day inpatient stay:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hospital length of stay (LOS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal) and Hospital Length of Stay (LOS).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there is no evidence of a significant functional limitation. There is no documentation of a psychosocial screening prior to the request for a lumbar fusion. As the medical necessity has not been established, the request cannot be determined as medically appropriate at this time. The associated request for a 2 day inpatient stay is also not medically necessary.