

Case Number:	CM14-0042235		
Date Assigned:	06/30/2014	Date of Injury:	03/31/2004
Decision Date:	09/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/08/2014

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 39-year-old female who sustained a low back injury in a work-related motor vehicle accident on 03/31/04. The records provided for review document that the claimant subsequently underwent an L3-4 lumbar fusion on 05/22/06 followed by hardware removal in September, 2007. The report of a CT scan of the lumbar spine dated 04/16/13 identified the fusion at L3-4 level with preserved disc height and spinal stenosis at L4-5. The report of the 09/11/13 MRI of the lumbar spine revealed a surgically fused L3-4 level with prior laminectomy defects at L2-3 through L4-5. There was noted to be diffuse disc bulging with no indication of nerve root impingement. Electrodiagnostic testing from 10/15/13 showed chronic L4-5 radiculopathy. Records indicate continued chronic treatment with narcotic agents. A 02/17/14 follow up report describes continued chronic low back pain with examination revealing positive straight leg raise, an antalgic gait pattern, tenderness diffusely to the paravertebral musculature, equal and symmetrical motor strength, deep tendon reflexes and no sensory deficit. Recommendation at that time was for revision L4-5 fusion with instrumentation and graft placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision L4-L5 Lumbosacral fusion, with neuromonitoring, instrumentation, & graft:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 2/13/14): Fusion (spinal), Patient Selection, Criteria for Lumbar Spinal Fusion; ODG Low Back (updated 12/04/13): Intraoperative neurophysiological monitoring (during surgery);.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure Intraoperative neurophysiological monitoring (during surgery).

Decision rationale: California ACOEM Guidelines would not support the request for Revision L4-L5 Lumbosacral fusion, with neuromonitoring, instrumentation, & graft is not recommended as medically necessary. The medical records provided for review do not identify that the claimant has any acute compressive pathology at the L4-5 level or indication of segmental instability to support the request for the fusion procedure. According to ACOEM Guidelines, 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 on. The claimant's physical examination fails to demonstrate any evidence of focal, motor, sensory or reflexive change. Therefore, the proposed surgery including neuromonitoring would not be supported as medically necessary.

2-day Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 02/13/14): Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal): Hospital length of stay (LOS).

Decision rationale: The proposed surgery is not recommended as medically necessary. Therefore, the request for a two day inpatient length of stay is also not recommended as medically necessary.