

Case Number:	CM14-0045477		
Date Assigned:	06/27/2014	Date of Injury:	05/03/2007
Decision Date:	08/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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:

This is a 40-year-old male patient with a 5/3/07 date of injury following a fall at work. 4/23/14 progress report indicates persistent intermittent cervical spine pain, persistent low back pain radiating down to her right lower extremity with pins-and-needles sensation. The right little toe is numb. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion, decreased sensation in the bilateral S1 dermatomes, decreased right peroneal motor power. Electrodiagnostic testing demonstrated bilateral L5 changes. The patient underwent L4-5 and L5-S1 anterior interbody fusion on 8/1/11. The patient was using a walker following the operation. The patient has also had aqua therapy, physical therapy, medication, lumbar ESI, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracguides.org/Low Back>.

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) Decompression and Fusion.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have 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; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that 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 operated on. However, a formal imaging report that would corroborate frank nerve root compromise was not made available for review. It is unclear how the patient fared following the initial L4-5 and L5-S1 decompression and fusion in 2011. The current neurologic deficits should be assessed in terms of whether they are deficits that had persisted despite surgery or deficits that had recurred following initial resolution or improvement. In addition, there is no evidence of dynamic instability or degenerative spondylolisthesis that would establish fusion indications. The status of the previous fusion was not properly assessed; it is unclear whether failure of previous fusion is a consideration. Therefore, the request for 1 Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion L4-5, L5-S1 was not medically necessary.

5 Days in-patient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracguides.org/Low Back>.

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 Chapter, Hospital length of stay.

Decision rationale: CA MTUS does not apply. ODG's best practice target following lumbar fusion is 3 days. However, the associated request for 1 Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion L4-5, L5-S1 was not medically necessary. Therefore, the request for a 5 Days in-patient hospital stay was also not medically necessary.