

Case Number:	CM14-0048090		
Date Assigned:	07/02/2014	Date of Injury:	07/13/2001
Decision Date:	10/03/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 Texas. 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 is a 67 year old male who was injured on 03/20/2014. The mechanism of injury is unknown. Diagnostic studies reviewed included MRI of the lumbar spine dated 01/06/2013 revealed minimal central canal stenosis and minimal bilateral neural foraminal stenosis seen at L3-4 secondary to a 5.0 broad based disc herniation; 4.5 mm broad based disc protrusion noted at L4-5 resulting in mild bilateral neural foraminal stenosis; degenerative changes are seen at multiple levels as discussed above; mild bilateral neural foraminal stenosis is seen at L5-S1 secondary to a 4.0 mm broad based disc protrusion with posterolateral encroachment into the neural foramina; mild left neural foraminal stenosis seen at L2-3 secondary to a 4.5 mm left posterolateral disc protrusion. Spine note dated 03/20/2014 states the patient was seen for his low back pain. He reported he has difficulty with sitting. On exam, he has an antalgic gait. Deep tendon reflexes are 2+. Lumbar range of motion was decreased with impaired flexion and extension. Flexion limited to 60 degrees and extension to 15 degrees. The patient continues to have low back pain despite conservative treatment including epidural injections, activity modification and chronic medication management with Dilaudid and Percocet. It is felt the patient would benefit from an extreme lateral discectomy and fusion. Prior utilization review dated 04/03/2014 states the requests for Inpatient Stay, Extreme lateral interbody fusion and cage L2-L3; Pre-Op labs CBC basic metabolic; Pre-Op chest x-ray and Pre-OP EKG are denied as the surgery has not been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 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 Low Back Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back, Hospitalization

Decision rationale: CA MTUS guideline is silent about the issue. As per ODG, "it is not recommended for low back pain in the absence of major trauma (i.e., acute spinal fracture, spinal cord injury, or nerve root injury), acute or progressive neurologic deficit, or the patient's inability to manage basic ADLs at home and alternative placement in a Skilled Nursing Facility is not available or appropriate." The request for inpatient stay is not indicated because there is no evidence of neurological deficits, no new or progressive neurological deficits, and no documentation of inability to manage ADLs. Therefore, the request is not medically necessary.

Extreme lateral interbody fusion and cage L2-L3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Fusion (spinal)

Decision rationale: Per CA MTUS guidelines, "except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." The request for extreme lateral interbody fusion and cage at L2-3 is not indicated because no serious spinal pathology or nerve root dysfunction identified. The images do not describe annular tears or herniated discs, only bulges due to degenerative joint disease. Finally, the extreme lateral procedure has too many complications at the L2-3 level to be considered appropriate. Therefore, the request is not medically necessary.

Pre-Op labs CBC basic metabolic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 - Lumbar & Thoracic, Pre-operative testing

Decision rationale: Since the requested surgery is not indicated or authorized, the request for pre-op labs CBC basic metabolic is also considered not medically necessary and appropriate.

Pre-Op chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 - Lumbar & Thoracic, Pre-operative testing

Decision rationale: Since the requested surgery is not indicated or authorized, the request for pre-op chest x-ray is also considered not medically necessary and appropriate.

Pre-OP EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 - Lumbar & Thoracic, Preoperative electrocardiogram (ECG)

Decision rationale: Since the requested surgery is not indicated or authorized, the request for pre-op EKG is also considered not medically necessary and appropriate.