

Case Number:	CM14-0051181		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2010
Decision Date:	11/12/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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:

According to the records made available for review, this is a 33-year-old male with a 10/25/10 date of injury. At the time (2/13/14) of the request for authorization for inpatient x 3 days; L4-5, L5-S1 Global arthrodesis: stage 1: L4-S1 ALIF, Stage 11: L4-S1 posterior fusion/pedicle; assistant/co surgeon; and intraoperative neuromonitoring, there is documentation of subjective (lower back pain that radiates into the right greater than left buttocks, dorsolateral thigh, calf, ankle and plantar feet with corresponding numbness/tingling and progressive weakness on the right) and objective (right ankle reflex is 1, left is absent; sensory shows right dorsolateral foot, calf, and thigh with medial foot numbness greater than lateral; 4/5 right knee extension, knee flexion and plantar flexion and dorsoflexion) findings, imaging findings (CT of the lumbar spine (11/5/13) report revealed mild annular disc bulging at several levels from L2-3 through L5-S1. There is only mild lateral recess and foraminal narrowing at L4-5 and L5-S1 levels, but without neural contact), current diagnoses (L5-S1 grade 1 anterolisthesis with rotary subluxation with confirmed traumatic bilateral pars defect; L4-5 severe desiccation, interspace collapse, modic changes, 2 mm disc protrusion with lateral recess stenosis; S1-S2 left conjoined nerve root; spina bifida occulta; and smoking pack per day for 12 years, approximately 6-12 pack year history), and treatment to date (medication). There is no documentation of abnormalities on imaging studies 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 X 3 days: 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.

L4-5, L5-S1 Global arthrodesis: stage 1: L4-S1 ALIF, Stage 11: L4-S1 posterior fusion/pedicle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 Discectomy/laminectomy and Fusion (spinal)

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 which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of L5-S1 grade 1 anterolisthesis with rotary subluxation with confirmed traumatic bilateral pars defect; L4-5 severe desiccation, interspace collapse, modic changes, 2 mm disc protrusion with lateral recess stenosis; S1-S2 left conjoined nerve root; spina bifida occulta; and smoking pack per day for 12 years, approximately 6-12 pack year history. In addition, there is documentation of severe and disabling lower leg symptoms, accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment. However, given the documented imaging findings (CT of the lumbar spine (11/5/13) report revealed MILD annular disc bulging at several levels from L2-3 through L5-S1. There is only MILD lateral recess and foraminal narrowing at L4-5 and L5-S1 levels, but without neural contact), there is no documentation of abnormalities on imaging studies (nerve root compression OR MODERATE or greater central canal, lateral recess, or neural foraminal stenosis). In addition, 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 laminectomy disc fusion at levels L4-S1 is not medically necessary.

Assistant/co 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.

Intraoperative neuromonitoring: 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.