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| Case Number: | CM14-0051534 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 02/07/2011 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 38-year-old male who sustained an injury to the lumbar spine in a work-related accident on 2/7/11. The clinical records provided for review include the report of an MRI dated 2012 that identified a 5 millimeter disc protrusion with foraminal narrowing at the L4-5 level; a 6 millimeter disc protrusion abutting the exiting S1 nerve root at the L5-S1 level. The report of an orthopedic assessment dated 3/12/14 described continued low back pain despite conservative care that included epidural injections, pain management, physical therapy, and work restrictions. Objectively, there were equal and symmetrical reflexes, tenderness to palpation, diminished sensation to the left lower extremity in a diffuse L1 through S1 fashion, but no motor weakness noted. Based on the claimant's failure to respond to conservative care, an L5-S1 lumbar discectomy and fusion was recommended given the claimant's ongoing and chronic complaints. The office note documented that an updated 3/1/14 MRI continued to show disc protrusion with facet joint changes at the L5-S1 level. There was no documentation of plain film radiographs or other testing indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discectomy and fusion at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the ACOEM Guidelines, the request for lumbar discectomy and fusion at the L5-S1 level cannot be supported. The medical records provided for review do not contain any documentation of segmental instability or progressive neurologic findings on examination to support the acute role of fusion. ACOEM Guidelines recommend fusion in the setting of lumbar fracture, dislocation or segmental instability. Without documentation of the above, the request for the proposed surgery cannot be recommended as medically necessary

3 to 4 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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). Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique) Actual data -- median 3 days; mean 3.9 days ($\hat{A}\pm 0.1$); discharges 161,761; charges (mean) \$86,900 Best practice target (no complications) -- 3 days Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique) Actual data -- median 3 days; mean 4.2 days ($\hat{A}\pm 0.2$); discharges 33,521; charges (mean) \$110,156 Best practice target (no complications) -- 3 days Lumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique) Actual data -- median 3 days; mean 3.8 days ($\hat{A}\pm 0.2$); discharges 15,125; charges (mean) \$89,088 Best practice target (no complications) -- 3 days.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.