

Case Number:	CM14-0052481		
Date Assigned:	07/07/2014	Date of Injury:	06/06/2006
Decision Date:	08/19/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 Spine Surgeon 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 injured worker is a 65-year-old female who reported an injury on 06/06/2006. The mechanism of injury was not stated. Current diagnoses include lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, lumbar spinal stenosis without claudication, and lumbar disc displacement without myelopathy. The latest physician progress report submitted for this review is documented on 01/29/2014. The injured worker presented with complaints of persistent lower back pain with radiation into the lower extremities. Previous conservative treatment includes epidural injections, anti-inflammatory medication, and opioid analgesics. Physical examination was not provided on that date. Treatment recommendations included a transforaminal lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Decompression Discectomy with Instrumentation Fusion, 4 Days Inpatient Stay, Assistant Surgeon, Pre-Op EKG, Chest X-Ray, CBC with Platelets & Diff, CMP, PTT, PT, UA with Microscope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Low Back, Hospital Stays, Preoperative electrocardiogram (ECG), Preoperative lab testing, Preoperative testing, general <http://www.aaos.org/about/papers/position/1120.asp>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy, Fusion, Hospital Length of Stay, Preoperative Testing, General.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical or manual therapy, or a psychological screening. Preoperative testing should be guided by the patient's clinical history, co-morbidities, and physical examination findings. The hospital length of stay following a discectomy includes a median of 1 day. The hospital length of stay following a lumbar fusion includes a median of 3 days. As per the documentation submitted, the injured worker has been previously treated with medications and epidural steroid injections. However, there is no documentation of a recent physical examination of the lumbar spine. There were no imaging studies or electrodiagnostic reports submitted for this review. There is no documentation of the completion of a psychosocial screening prior to the request for a fusion. The current request for a 4-day inpatient stay exceeds the guideline recommendations. There is no documentation of any co-morbidities or a significant medical history that would warrant the need for preoperative testing. Based on the clinical information received and the above mentioned guidelines, the request is non-certified.