

Case Number:	CM14-0072940		
Date Assigned:	07/16/2014	Date of Injury:	11/13/2012
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on 11/13/2012. The mechanism of injury was not listed. The claimant underwent a laminectomy and discectomy on 9/26/2013. The most recent progress note, dated 4/24/2014, indicated that there were ongoing complaints of a significant lumbar radiculopathy. Physical examination demonstrated exquisite tenderness in the L4-L5 and L5-S1 facets with 5/5 motor strength bilaterally, hypoesthesia to pinprick and vibration in the great toe bilaterally. Plain radiographs of the lumbar spine 1/24/2014 showed disk space narrowing at L4-L5 and L5-S1; however, the progress note reported a Grade I spondylolisthesis at L4-L5 severe disk height collapse. MRI of the lumbar spine, dated 1/24/2014, demonstrated postoperative changes at L4-L5 disk bulges, mild bilateral foraminal narrowing at L4-L5 and L5-S1 with facet arthropathy at L5-S1. Diagnoses: Post laminectomy instability with Grade I spondylolisthesis at L4-L5 with recurrent foraminal stenosis at L4-L5 and L5-S1. Previous treatment included physical therapy, epidural steroid injections and medications to include oral steroids and Neurontin. A request had been made for L4-S1 transforaminal lumbar interbody fusion with a 5-day inpatient stay and was partially certified for surgery with a three-day inpatient stay in the utilization review on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Transforaminal Lumbar Interbody Fusion with a 5-day 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines;.

Decision rationale: Review, of the available medical records, document a Grade I spondylolisthesis and instability at L4-L5. A previous utilization review has approved the requested lumbar interbody fusion at L4-L5 and L5-S1 but modified the requested 5-day inpatient stay to a 3-day inpatient stay. The California MTUS/ACOEM practice guidelines support a spinal fusion for the treatment of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. The California MTUS/ACOEM practice guidelines do not address hospital length of stay; therefore, the ODG was referenced. The ODG supports 3 days of inpatient care and only after a lumbar spine fusion. As such, the current request is not considered medically necessary.