

Case Number:	CM14-0078389		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2001
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Orthopedic Sports Medicine 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 58 year old female who had a work related injury on 02/05/01. There was no documentation of mechanism of injury. The injured worker underwent a fusion on 09/30/13 at L2-3, L3-4, and L4-5 regions. It is noted, the injured worker did well until she had a bad fall in 11/20/13 in 11/13 now she had severe pain. The patient had been treated with physical therapy, and back brace but still continued to have discomfort. Radiographs of the lumbar spine indicated fusion at solid fusion at L3-4 and L4-5. There was no clear evidence of fusion at L2-3. Her fall was eight weeks after her surgery and she has had pain since then. Computed Tomography (CT) scan of the lumbar spine dated 02/13/14 L2-3 retrolisthesis L2 on L3. No significant central stenosis as the patient was status post posterior decompressive laminectomy. L3-4 status post discectomy and posterior fusion no residual hernia recurrent herniation or stenosis. L4-5 broad based disc bulge and facet arthropathy no central stenosis due to posterior decompressive laminectomy. The conclusion is grade 1 to 1-2 retrolisthesis of L2 relative to L3 which progressed since the study of 05/23/13. Retrolisthesis now measured about 8 millimeter where it previously measured about 3 millimeter. X-rays of lumbar spine dated 03/20/14 new grade 1 retrolisthesis of L2 on L3 and further L2-3 disc space narrowing now severely narrowed. The injured worker is now eleven months status post multi-level fusion. The injured worker does have evidence of non-union, as well as progression of retrolisthesis at L2 on L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme Lateral Interbody Fusion; Lateral Approach L2-L3; Re-Fusion Transverse Process L2-L3 and Repeat Posterior Fusion L2-L3.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, XLIF (Extreme Lateral Interbody Fusion) and on the AMA (American Medical Association) Guides to the Evaluation of Permanent Impairment, Fifth Edition for Instabili

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

Decision rationale: The request for Extreme Lateral Interbody Fusion; Lateral Approach L2-L3; Re-Fusion Transverse Process L2-L3 and Repeat Posterior Fusion L2-L3 is medically necessary. The clinical documentation submitted for review does support the request for surgery. The injured worker is now eleven months status post multi-level fusion. The injured worker does have evidence of non-union, as well as progression of retrolisthesis at L2 on L3. As such, medical necessity has been established.

Unknown Length of 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 (ODG), Low Back Chapter.

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 chapter, Hospital length of stay (LOS).

Decision rationale: The request for unknown length of stay is not medically necessary. Because of the non specific request medical necessity has not been established.