

Case Number:	CM14-0085621		
Date Assigned:	07/23/2014	Date of Injury:	12/13/2004
Decision Date:	09/11/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pennsylvania. 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 66-year-old female who was injured on 12/13/04; the mechanism of injury was not identified. The medical records provided for review include documentation of chronic low back complaints and bilateral lower extremity pain. The MRI report dated 3/17/14 showed multilevel degenerative disc disease with no indication of acute neurocompressive pathology. Specific to the L4-5 and L5-S1 levels, there was no indication of disc herniation or neural compromise. The records also document that recent plain film radiographs showed no evidence of instability on flexion/extension views. The office report dated 5/8/14 described continued complaints of low back pain with radiating bilateral lower extremity pain. Physical examination showed restricted lumbar range of motion, tenderness to palpation, and hypesthesias over the right L3 and L4 dermatomal distribution of the right lower extremity. There were noted to be absent right lower extremity reflexes. Based on failed conservative care, a posterior spinal fusion and decompression at the L4 through S1 level with a three day inpatient length of stay was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Spinal Fusion & decompression L4-S1 as a 3 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal): Hospital length of stay (LOS).

Decision rationale: California ACOEM Guidelines with regard to lumbar fusion recommend it for situations involving spinal fracture, dislocation, or segmental instability with compressive neurologic findings. This individual does not have any indication of compressive neurologic findings on imaging or evidence of segmental instability at the L4-5 or L5-S1 level. Without documentation of segmental instability or progressive neurologic dysfunction including compressive findings on imaging or testing, the role of operative procedure would not be supported. Without indication for surgical process, the need for a three day inpatient length of stay would not be indicated. Based on California ACOEM Guidelines and the Official Disability Guidelines, the request for posterior spinal fusion & decompression at L4-S1 and a 3 day inpatient stay is not medically necessary.