

Case Number:	CM14-0013635		
Date Assigned:	03/20/2015	Date of Injury:	08/21/2009
Decision Date:	05/08/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 33-year-old male who reported an injury on 08/21/2009. The mechanism of injury was not provided. Diagnoses include spinal stenosis of lumbar region, lumbar spondylosis, lumbar radiculopathy, and spondylolisthesis of lumbar region. The injured worker is currently not working. Surgical procedures were included spinal fusion. Treatment to date was not provided. On 12/19/2013, the injured worker noted his neck pain was better. He still had some diminished range of motion, but his headaches and back pain were improved. Images including AP and lateral flexion and extension cervical spine x-ray demonstrated what appeared to be solid fusion at C3-4 with no movement upon flexion or extension. The assessment included status post C3-4 anterior discectomy and fusion stable to improved. Low back with radiculopathy with L5-S1 spondylolisthesis with stenosis, L4-5 disc degeneration and stenosis. Request for Authorization and rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior decompression with fusion at L4-5 and L5-S1: 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, 18th Edition (2013 web), Low Back Section, Lumbar Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

Decision rationale: The request for posterior decompression with fusion at L4-5 and L5-S1 is not supported. The injured worker has a history of low back and bilateral lower extremity pain. There is a lack of documentation of imaging of neural compression, spinal instability, or significant movement at L4-5 levels. The medical necessity has not been established in the provided documentation. As such, the request is not medically necessary.

Inpatient hospital stay for 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 18th Edition (2013 web), Low Back Section, Hospital Length of Stay (LOS).

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, length of stay (LOS).

Decision rationale: The request for inpatient hospital stay for 3 days is not supported. The injured worker has a history of low back and lower extremity pain. The ODG notes for a spinal fusion, a 3 day stay is appropriate. However, the surgery was not supported. Therefore, inpatient stay would not be supported. As such, the request is not medically necessary.