

Case Number:	CM14-0187246		
Date Assigned:	11/17/2014	Date of Injury:	01/03/2008
Decision Date:	02/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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 Spine Surgery and is licensed to practice in California. 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 53-year-old male who reported injury on 01/03/2008. Mechanism of injury was due to a fall. The injured worker has diagnoses of lumbar stenosis with neurogenic claudication and lumbar radiculopathy. Previous treatment consists of physical therapy, heat/ice therapy and medication therapy. No medications were submitted on documentation. On 09/26/2014, the injured worker underwent an MRI of the lumbar spine, which revealed evidence of moderate bilaterally neural foraminal narrowing throughout the lumbar spine, marked on the right at L3-5. There was noted spinal canal stenosis at L3-4, but thecal sac diameter remained 9 to 10 mm. Moderate to advance facet arthrosis at L3-S1 bilaterally, and moderate facet arthrosis at L1-2 and L2-3. On 10/21/2014, the injured worker complained of worsening back pain. He had difficulty sitting, standing and walking. His lower extremities were weak. Physical examination revealed moderate to severe tenderness on palpation of the mid lumbar spine. Lower extremity strength revealed bilateral hip flexion and knee extension of 4-/5. There was diminished light touch to anterior thigh of the left lower extremity. The left knee reflex was absent. The injured worker had severe stenosis at L3-4 adjacent to his previous fusion level. This injured worker requires bilateral facet fasciectomy and discectomy at L3-4 with laminectomy. This will create iatrogenic instability and fusion at the level necessary. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar arthrodesis, posterior interbody technique, including laminectomy and/or discectomy at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Fusion (spinal)

Decision rationale: The request for lumbar arthrodesis, posterior interbody technique, including laminectomy and/or discectomy at L3-L4 is not medically necessary. 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, clear clinical imaging and electrophysiological evidence of a lesion. There should also be evidence of failure of conservative treatment. The Official Disability Guidelines go on to state that preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions. Documented instability upon x-ray or CT myelogram, spine pathology and medicine limited 2 levels, and a psychosocial screening. As per the submitted documentation, there was no evidence of spinal instability upon flexion and extension view radiographs. There was also no documentation of an exhaustion of recent conservative treatment. Furthermore, there was no mention of a psychological screening prior the request of a lumbar fusion. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Lumbar nerve microdissection & microrepair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Inpatient Length of stay (LOS) x 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Aspen LSO Lumbar Brace: 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)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar arthrodesis, posterior or posterolateral technique, single level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar posterior non-segmental instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar transpedicular approach with decompression of spinal cord, equina and/or nerve root(s): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.