

Case Number:	CM14-0188689		
Date Assigned:	11/19/2014	Date of Injury:	08/07/2013
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Surgeon and is licensed to practice in New Jersey. 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 49-year-old male who reported an injury on 08/07/2013. The mechanism of injury was listed as a slip and fall. The patient's diagnosis was listed as degeneration of lumbar and lumbosacral discs. Diagnostic studies included MRI of the lumbar spine on 11/22/2013, which documented noncongenital spinal stenosis throughout the lumbar spine with degenerative bone arthritis and disc and joint changes with narrowing of the L5 neural foramina bilaterally and mild moderate narrowing at the L1, L2, L3, and L4 neural foramina bilaterally. There was also documentation of an Electrodiagnostic study, completed on 01/31/2014, of the bilateral lower extremities that documented mild L5-S1 radiculopathy on the right with no underlying peripheral neuropathies. Other therapies were noted to include physical therapy and epidural steroid injections at the L5 level. Current medications were noted to include Naprosyn and tramadol. The clinical visit on 10/21/2014 documented that the injured worker was complaining of low back pain with radiation in the bilateral lower extremities. Injured worker's past surgical history was unremarkable. A physical exam noted the injured worker had an antalgic gait with pain at end of range of motion. It was also documented that the injured worker had difficulty with heel and toe walking. Bilaterally, it was documented that the injured worker had a positive straight leg raise test. It was then documented the injured worker's motor strength was 5/5 in the bilateral upper and lower extremities. There was documentation of an x-ray during the clinical visit that showed multilevel degenerative changes at L3-4, described as moderate; at L4-5, described as moderate to severe; and at L5-S1, described as moderate to severe. The rationale for the request at this time is due to lack of failed conservative care and persistent signs and symptoms. A Request for Authorization was submitted within the medical records, dated 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 Lumbar laminectomy and fusion transforaminal lumbar interbody fusion allograft with neuromonitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The decision for L4-L5, L5-S1 Lumbar laminectomy and fusion transforaminal lumbar interbody fusion allograft with neuromonitoring is not medically necessary. The California MTUS Guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patient with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatments. Within the submitted medical records, the injured worker did not present with any clinical signs of spondylolisthesis or instability within the spine. There was no confirmation through diagnostic imaging to corroborate a diagnosis of instability and presents medical necessity for surgical intervention. Moreover, there was no documentation of a physical exam that indicated significant neurologic or functional deficits. Without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time is not supported by the guidelines. As such, the request is not medically necessary.

Associated surgical service: Inpatient stay x 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic (Acute & Chronic), Hospital length of stay (LOS)

Decision rationale: The request for associated surgical service: inpatient stay x 3 days is not medically necessary. The Official Disability Guidelines state that for posterior approaches to lumbar fusion, the best practice target date is 3 days. Although the requested 3 day inpatient stay is within the guidelines recommendations for a fusion surgery, the concurrent request for surgical intervention has not been found to be medically necessary. Therefore, the request at this time for an inpatient stay is also not medically necessary.

