

Case Number:	CM14-0208866		
Date Assigned:	12/22/2014	Date of Injury:	12/29/2006
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/14/2014

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: Georgia, South Carolina
 Certification(s)/Specialty: Orthopedic 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 48-year-old male who reported an injury on 12/29/2006. The mechanism of injury was due to carrying a heavy wooden deck. His diagnoses included internal derangement of the knee, derangement of the shoulder, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. Past treatments included medication, injections, pain management, and physical therapy. Diagnostic studies included a MRI performed on 06/23/2014 which revealed moderate degeneration of the right paracentral broad based disc bulging with small associated annular tear, foraminal stenosis, and central canal bulging at L4-5. On 11/12/2014, the injured worker complained of constant neck pain rated 4/10 to 8/10, constant right shoulder pain rated 4/10 to 8/10 radiated to the right shoulder blade with clicking. The injured worker also complained of intermittent left shoulder pain rated 4, constant low back pain rated 7 that radiated to the bilateral legs greater on the right than left with numbness and tingling. The injured worker also complained of constant knee pain. The physical examination of the lumbar spine revealed flexion at 35 degrees. The injured worker had a positive sitting straight leg raise. The injured worker was also indicated to have decreased sensation and weakness. Relevant medications were not provided for review. The treatment plan included decision for surgery anterior lumbar interbody fusion with revision decompression and stabilization and fusion at L4-5, decision for associated surgical service: facility inpatient stay and decision for associated surgical service followup. A rationale was not provided. A Request for Authorization form was submitted on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery - Anterior lumbar interbody fusion with revision decompression and stabilization and fusion at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

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, Fusion (spinal).

Decision rationale: The request for decision for surgery - anterior lumbar interbody fusion with revision decompression and stabilization and fusion at L4-5 is not medically necessary. According to the California MTUS/ACOEM Guidelines, spinal fusions would not be considered during the first 3 months of symptoms except when cases of trauma related to spinal fracture or dislocation. Furthermore, the guidelines indicate that patients with an increase in stability after surgical decompression the level of degenerative spondylolisthesis may be candidates for a fusion. In addition, patients with acute low back problems should also have spinal fractures, dislocation, or spondylolisthesis if there is instability to motion in the segmentation. More specifically, the Official Disability Guidelines indicate that spinal fusions are not recommended unless there is documentation of a failed conservative care of at least 6 months, demonstrated severe structural instability and progressive neurological dysfunction. The injured worker was indicated to have degenerative disc disease with disc bulging and a small annular tear at the L4-5. However, there was lack of documentation to indicate the trauma was related to a spinal fracture, dislocation or spondylolisthesis. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated Surgical Service: Facility - Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

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, Hospital length of stay (LOS).

Decision rationale: The request for facility-inpatient stay was not medically necessary. According to the Official Disability Guidelines, patients that undergo anterior lumbar fusions may be allotted 3 days for recovery under inpatient status. The concurrent surgical lumbar fusion request was not supported by the guidelines. Therefore, the current request for facility inpatient stay is also not supported. In addition, the request failed to specify the duration and length of stay. As such, the request is not medically necessary.

Associated Surgical Service: Follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

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, Office visits.

Decision rationale: The request for a followup is not medically necessary. According to the Official Disability Guidelines, the need for a clinical office visits with a healthcare provider is based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The injured worker was indicated to have chronic low back pain and had anticipation of a lumbar fusion. However, the concurrent surgical request is not supported, therefore, the request for followup is also not supported. As such, the request is not medically necessary.