MAXIMUS Federal Services

Case Number:	CM15-0163105		
Date Assigned:	09/08/2015	Date of Injury:	06/30/2008
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/19/2015

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: California, Oregon, Washington
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 58-year-old male who sustained an industrial injury on 6-30-08. In a progress note dated 8-3-15, the physician reports lumbar pain and quadriceps-thigh weakness continues to progressively worsen. Pain is rated at 8 out of 10. Medication is Ibuprofen, Metaxalone, Lisinopril, and Lansoprazole. He has failed physical therapy and pain injections and therapies. Muscle testing of the right iliopsoas is 4 of 5 and the quadriceps is 4 of 5. Sensory testing of the upper leg is diminished on the right. Radiographs show instability; grade 1-2 spondylolisthesis at L2-L3 on flexion-extension views, there is evidence of kyphotic deformity spanning T12, L1, L2, L3, and disc-osteophyte complexes seen anteriorly and posteriorly at L1-L2 and L2-L3. The assessment is acquired spondylolisthesis, kyphosis (acquired, postural), displaced intervertebral disc, spinal stenosis-lumbar with neurogenic claudication, and thoracic-lumbosacral neuritis. The recommendation is a staged anterior-posterior fusion, involving L23 and possible L12, do stage 1 and 2 across 2 days, and assess how he does with the anterior procedure before proceeding with the posterior procedure. The requested treatment is associated surgical service: 4-day inpatient hospital stay and associated surgical service: lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: 4-day Inpatient Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of Stay.

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 section, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar fusion. According to the ODG, Low back section, Hospital length of stay, a 3-day inpatient stay is recommended following an anterior lumbar fusion. According to the ODG, Low back section, Hospital length of stay, a 3-day inpatient stay is recommended following a posterior lumbar fusion. In this case, the surgery is going to be a staged procedure with the anterior and posterior portions being done on different days. As a request is for 4 days, the determination is for certification as medically necessary and appropriate.

Associated Surgical Service: 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.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." A back brace used after surgery is under study for fusion and currently not recommended post operatively for any surgery. Therefore the request does not meet recommended guidelines and determination is for not medically necessary.