

Case Number:	CM15-0163610		
Date Assigned:	08/31/2015	Date of Injury:	02/17/2015
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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: Illinois, California, Texas
 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:

This injured worker is a 49-year-old male who sustained an industrial injury on 2/17/15. Injury occurred relative to moving and carrying boxes. Past surgical history was positive for lumbar decompression and fusion at L4/5 in 2008. Past medical history was positive for coronary artery disease, status post stent placement. The 2/25/15 lumbar spine x-rays documented a 6 mm retrolisthesis of L3 on L4 and disc degeneration. There was a prior interbody fusion and posterior internal fixation with pedicle screws and interlocking rods at L4/5. The 4/15/15 lumbar spine MRI impression documented interval L4/5 fusion with relief of canal narrowing and improvement in foraminal narrowing. There was progressive degenerative disc disease at L3/4 with mild to moderate canal and left greater than right foraminal narrowing. The 4/21/15 electrodiagnostic report impression documented a normal study with no evidence of lumbar radiculopathy. Conservative treatment included activity modification, injections, physical therapy, and medications. The 7/2/15 treating physician report indicated that the injured worker was no better with physical therapy and an injection. He had stenosis and spondylolisthesis at L3/4 above the prior fusion. Authorization was requested for posterior lumbar decompression and fusion at L3/4, lumbar corset, 3-day inpatient stay, and a bone growth stimulator. The 8/11/15 utilization review denied the posterior lumbar decompression and fusion at L3/4 and the associated surgical requests including length of stay and bone growth stimulator as there was no evidence of instability on flexion/extension consistent with guideline criteria for instability. The 8/27/15 treating physician report cited electrodiagnostic evidence of increased insertional activity in the lumbar paraspinals around the L3/4 area, consistent with radiculopathy. Flexion/extension

x-rays showed 18 degrees of angulation, which is consistent with criteria for instability, in addition to the retrolisthesis at that level which changed a few degrees upon flexion/extension. The treating physician recommended L3/4 decompression and fusion and felt that all criteria had been objectively met for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Inpatient Stay QTY 3: 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: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior or posterior lumbar fusion is 3 days. This request is consistent with guidelines for lumbar fusion. However, there is no evidence in the medical records indicating that the associated surgical service was been found medically necessary. Therefore, this request is not medically necessary at this time.

Associated surgical service: Bone Growth Stimulator QTY 1 (duration unspecified): 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 Bone growth stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that bone growth stimulators are under study and may be considered medically necessary as an adjunct to lumbar spinal fusion surgery for patients with any of the following risk factors for failed fusion: 1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit; (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. Guideline criteria have not been met. This injured worker has been recommended for a single level decompression and fusion with no evidence that surgery has been found medically necessary or that he had significant risk factors for failed fusion. Additionally, there was no evidence of a grade III or worse spondylolisthesis, current smoking habit, or documentation of diabetes, renal disease, alcoholism or significant osteoporosis. Therefore, this request is not medically necessary.