MAXIMUS Federal Services

Case Number:	CM15-0041373		
Date Assigned:	03/11/2015	Date of Injury:	08/06/1997
Decision Date:	04/14/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/04/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 67-year-old female, who sustained an industrial injury on 8/6/1997. The mechanism of injury was not provided for review. The injured worker was diagnosed as having chronic pain syndrome, lumbar spondylosis, lumbar sprain, thoracic myalgia and left sacro-iliac joint pain. Treatment to date has included lumbar laminectomy 1999 and 2008 and lumbar 3-4 fusion-date unknown, epidural steroid injection, trigger point injections, physical therapy and medication management. Currently, a progress note from the treating provider dated 2/25/2015 indicates the injured worker reported low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of spinal fusion and L3-4 PLIF: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG Low Back, Fusion (spinal).

Decision rationale: ACOEM states, "Spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection (C). C=Limited research-based evidence (at least one adequate scientific study of patients with low back complaints)." ODG states, "Not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled, "Patient Selection Criteria for Lumbar Spinal Fusion," after 6 months of conservative care. For workers comp populations, see also the heading, "Lumbar fusion in workers' comp patients." After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy." The patient has had two prior laminectomies at L3-L4. The treating physician does not document progressive neurologic deficits on exam or evidence that hardware is causing the pain to meet the above guidelines. As such, the request for Exploration of spinal fusion and L3-4 PLIF is not medically necessary.

Three-day inpatient stay: 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-TWC Low Back procedure summary.

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, Hospitalization.

Decision rationale: ODG states “Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications.” ODG Hospitalization guidelines by procedure listed below Lumbar Fusion, posterior (icd 81.08 - Lumbar and lumbosacral fusion, posterior technique). Actual data -- median 3 days; mean 3.9 days (0.1); discharges 161,761; charges (mean) $86,900. Best practice target (no complications) -- 3 days. Note: About 15% of discharges paid by workers’ compensation. Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique). Actual data -- median 3 days; mean 4.2 days (0.2); discharges 33,521; charges (mean) $110,156. Best practice target (no complications) -- 3 days. Lumbar Fusion, lateral (icd 81.07 - Lumbar fusion, lateral transverse process technique). Actual data -- median 3 days; mean 3.8 days (0.2); discharges 15,125; charges (mean) $89,088. Best practice target (no complications) -- 3 days. Without approval of the lumbar fusion, the hospitalization cannot be approved. As such the request for 3 - day inpatient stay is not medically necessary.