

Case Number:	CM15-0053017		
Date Assigned:	03/26/2015	Date of Injury:	07/20/2011
Decision Date:	05/11/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/20/2015

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:

The injured worker is a 52-year-old female who sustained an industrial injury on 7/20/11. The mechanism of injury was not documented. Past surgical history was positive for left L5/S1 laminotomy and discectomy. The 4/15/14 lumbar spine MRI documented increased endplate edema at L5/S1 since the previous exam. Post-operative changes with left sided laminotomy were identified. The size and morphology of the L5/S1 posterior disc protrusion was similar to prior exam. There was mild narrowing of the thecal sac, moderate facet arthropathy, and lateral recess narrowing and foraminal encroachment with mass effect on the exiting nerve roots more significant to the right. The 8/18/14 lumbar spine x-rays showed significant narrowing of the L5/S1 intervertebral disc with endplate sclerosis and degeneration of the lower lumbar facets. No evidence of translation instability was appreciated. The 1/19/15 treating physician report cited significant daily low back pain with left leg numbness over the posterior lateral calf, lateral foot and dorsum of the foot. She had tried all non-operative treatment modalities without much relief. He had significant facet arthropathy and disc degeneration at L5/S1 with foraminal stenosis. Authorization was requested for anterior interbody fusion followed by re-do posterior decompression and fixation at L5/S1. A CT scan of the lumbar spine was requested to better delineate the bony anatomy and assist with pre-operative planning. The 2/10/15 utilization review certified the request for anterior/posterior lumbar fusion (ALIF/PLIF) L5/S1, consult with vascular surgeon, and intraoperative neuromonitoring. The request for 4 day inpatient stay was modified to 3 days consistent with guidelines. The request for CT scan of the lumbar spine was non-certified as there was no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay for 4 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital length of stay guidelines, Lumbar Spine.

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 & 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. The 2/10/15 utilization review modified the request for 4 days length of stay, certifying 3 days. There is a compelling reason to support the medical necessity beyond guideline recommendations as the fusion is quite extensive overall. Therefore, the request is medically necessary.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 & Thoracic: CT (computed tomography).

Decision rationale: The California MTUS guidelines do not provide recommendations for imaging in pre-surgical planning. The Official Disability Guidelines generally support CT scan of the lumbar spine for evaluation of neurologic deficit following trauma, evaluation of pars defect if not identified on plain x-rays, and for post-operative evaluation of fusion. Guideline criteria have not been met based on lack of significant outcomes difference (with or without) in large volume long term studies. There is no evidence of concern regarding pars defect or history of recent trauma to support the medical necessity of a CT scan. There is no finding on the MRI or lumbosacral complete x-rays that would support the medical necessity of additional imaging. Therefore, this request is not medically necessary.