

Case Number:	CM14-0145414		
Date Assigned:	09/12/2014	Date of Injury:	04/24/1991
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 70 year old male with a 4/24/91 injury date. The patient was a truck driver and drove over a rut in the road, injuring his back. In a follow-up on 5/8/14, subjective complaints were mainly axial low back pain with a 7/10 severity. Objective findings included persisting L5-S1 hypesthesia and trace weakness in left EHL. In a follow-up on 7/17/14, the patient's pain levels had become extremely high, and he was non-functional at home. He was using an inversion table and getting inadequate relief from maximum dosage of Norco. The pain was mainly axial lumbar without major radicular components. Objective findings included trace weakness in left EHL, and limited lumbar ROM due to guarding. The physician recommended an L2-3 and L3-4 extreme lateral interbody fusion to address severely collapsed and stenotic segments. A lumbar MRI on 10/18/13 showed the lateral recesses were mildly encroached upon without definite nerve root impingement, severe foraminal narrowing on the left at L2-3 and L1-2, and no significant central canal stenosis at L2-3. Diagnostic impression: lumbar stenosis and segmental collapse at L2-4 s/p prior L5-S1 fusion. Treatment to date: lumbar laminectomy (1992); L5-S1 ALIF (3/97); bilateral L2-3 and left L3-4 laminectomies, and right L2-3 microdiscectomy (7/05); medications, physical therapy, aquatic therapy, epidural steroid injections. A UR decision on 8/20/14 denied the request for L2-3 and L3-4 lumbar interbody fusion on the basis that there is insufficient medical evidence to support a diagnosis of spinal instability. The requests for assistant surgeon and hospital stay were denied because the surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Extreme Lateral Interbody Fusion at the Levels of L2-L3 and L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The available clinical documentation did not show any evidence of spinal instability. There were no recent flexion and extension views of the lumbar spine. In addition, the latest MRI did not show any evidence of spondylolisthesis. It did show severe foraminal narrowing on the left at L2-3 and L1-2, with a possibility of nerve root abutment at those sites, but this findings does not correlate well with objective exam findings. Therefore, the request for Left Lumbar Extreme Lateral Interbody Fusion at the Levels of L2-L3 and L3-L4 is not medically necessary.

Assistant Surgeon: 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 Chapter.

Decision rationale: CA MTUS does not address this issue. ODG indicates that an assistant surgeon is recommended in complex surgical cases. Although the present case appears to qualify for an assistant surgeon, it cannot be certified give the non-certification of the surgical procedure. Therefore, the request for assistant surgeon is not medically necessary.

3 Day Inpatient Stay: 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 Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that recommended hospital stay for uncomplicated lumbar fusion is 3 days. This length of stay would be supported

if the surgical procedure was supported, however, it was not certified. Therefore, the request for 3 day inpatient stay is not medically necessary.