

Case Number:	CM14-0147517		
Date Assigned:	09/15/2014	Date of Injury:	10/15/2012
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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 Neurological 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:

According to the records made available for review, this is a 45-year-old male with a 10/15/12 date of injury, and L5-S1 microdiscectomy on 4/2/14. At the time (8/21/14) of request for authorization for L5-S1 Anterior lumbar interbody fusion, L5-S1 Posterior fusion with laminectomy instrumentation, Allograft bone and Robotic Assistance, Intraoperative monitoring, and 1-2 day hospital stay, there is documentation of subjective (persistent severe lower back pain with radiating left sciatic pain) and objective (diminished sensation over the dorsum of the right foot and plantar aspect of the right foot) findings, imaging findings (MRI lumbar spine (7/31/14) report revealed stable left inferior disk extrusion at L5-S1 impinging upon the traversing left S1 nerve root within the left subarticular recess), current diagnoses (lumbar degenerative disc disease, retrolisthesis, and status post L5-S1 microdiscectomy), and treatment to date (physical therapy and medications). There is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, failure of conservative treatment, and an indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, retrolisthesis, and status post L5-S1 microdiscectomy. In addition, there is documentation of Symptoms/Findings (pain) which confirm presence of radiculopathy, objective findings (sensory changes) that correlate with symptoms, imaging findings (nerve root compression) in concordance between radicular findings on radiologic evaluation and physical exam findings, and failure of conservative treatment. However, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Anterior lumbar interbody fusion is not medically necessary.

L5-S1 Posterior fusion with laminectomy instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back: Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, failure of conservative treatment, and an indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes

(if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, retrolisthesis, and status post L5-S1 microdiscectomy. In addition, there is documentation of Symptoms/Findings (pain) which confirm presence of radiculopathy, objective findings (sensory changes) that correlate with symptoms, imaging findings (nerve root compression) in concordance between radicular findings on radiologic evaluation and physical exam findings, and failure of conservative treatment. However, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L5-S1 Posterior fusion with laminectomy instrumentation is not medically necessary.

Allograft bone and Robotic Assistance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/20960350>. Robotic technology in spine surgery: current applications and future developments.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Allograft bone and Robotic Assistance is not medically necessary.

Intraoperative monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back: Intraoperative neurophysiological monitoring (during surgery).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Intraoperative monitoring is not medically necessary.

1-2 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back: Hospital length of stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 1-2 day hospital stay is not medically necessary.