

Case Number:	CM14-0148862		
Date Assigned:	09/18/2014	Date of Injury:	06/28/2013
Decision Date:	11/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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 Spine Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 46-year-old male who reported an injury on 06/28/2013 due to cumulative trauma. On 06/03/2014, the injured worker presented with significant reduction in lumbar radicular symptoms. The diagnosis were lumbar radiculopathy and lumbar radiculitis not otherwise specified. Examination of the lumbar spine noted mild tenderness to palpation over the lumbar paraspinal muscles and decrease reflexes to the left S1. The provider recommended a Decompressive Laminectomy from L5-S1, Disc Excision, Posterior Lumbar Interbody Fusion, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive Laminectomy L5-S1, Disk Excision, Posterior Lumbar Interbody Fusion (PLIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discectomy / Laminectomy; Indication for Surgery - Discectomy / Laminectomy; Fusion (Spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The request for Decompressive Laminectomy L5-S1, Disk Excision, Posterior Lumbar Interbody Fusion (PLIF) is not medically necessary. The California MTUS/ACOEM Guidelines state except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability, not work related, after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problems, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. The clinical documentation provided for review lacks evidence of spinal instability, a fracture, dislocation, or complications of a tumor or infection. The injured worker does not meet the criteria for the lumbar fusion with instrumentation. As such, medical necessity has not been established.

Associated Surgical Service: Inpatient x 3 days: 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), Low Back, Hospital Length of Stay (LOS), Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested Ancillary Service is also not supported.

Associated Surgical Service: Assistant: 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), Surgical Assistant

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As the requested Associated Surgical Service: Surgical Intervention is not supported by the documentation, the requested Ancillary Service is also not supported.

Associated Surgical Service: Intra-Operative Spinal Cord Monitory with Neurosound: 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), Low Back, Intra-Operative Neurophysiological Monitoring (During Surgery)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As the requested Associated Surgical Service: surgical intervention is not supported by the documentation, the requested Ancillary Service is also not supported.

Associated Surgical Service: Lumbar Sacral Orthosis (LSO) Brace: 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), Low Back, Back Brace, Post-Operative (Fusion)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As the requested Associated Surgical Service: surgical intervention is not supported by the documentation, the requested Ancillary Service is also not supported.

Associated Surgical Service: Preoperative Lumbar CT scan, with Mazor Protocol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, CT (Computed Tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As the requested Associated Surgical Service: Surgical Intervention is not supported by the documentation, the requested Ancillary Service is also not supported.

Associated Surgical Service: Postoperative, Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: As the requested Associated Surgical Service: Surgical Intervention is not supported by the documentation, the requested Ancillary Service is also not supported.