

Case Number:	CM14-0165728		
Date Assigned:	10/10/2014	Date of Injury:	08/11/2006
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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:

According to the records made available for review, this is a 54-year-old male with an 8/11/08 date of injury. At the time (7/17/14) of the request for authorization for anterior lumbar interbody fusion and posterior percutaneous fusion at L5-S1 and inpatient hospital stay x 3 days, there is documentation of subjective (pain about the lower back radiating down the legs, particularly the right as far as the foot, the left similarly but less severe, bilateral lower extremity numbness somewhat diffusely) and objective (sensation is somewhat widely diminished, slightly bilaterally in both thighs anterolaterally, left medial foot, right medial calf) findings, current diagnoses (chronic lumbar back strain in conjunction with multi-level degenerative disease), and treatment to date (activity modification, medication, and epidural steroid injections). There is no documentation of abnormalities on imaging studies and 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:

Anterior lumbar interbody fusion, and posterior percutaneous fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: MTUS reference to ACOEM 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; 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 which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar back strain in conjunction with multi-level degenerative disease. In addition, there is documentation of severe and disabling lower leg symptoms, accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment. However, there is no documentation of abnormalities on imaging studies. In addition, 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 anterior lumbar interbody fusion and posterior percutaneous fusion at L5-S1 is not medically necessary.

Inpatient hospital stay 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, Hospital Length of Stay

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 inpatient hospital stay x 3 days is not medically necessary.