

Case Number:	CM15-0008021		
Date Assigned:	01/26/2015	Date of Injury:	02/01/2009
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 70-year-old male who reported an injury on 02/01/2009. The mechanism of injury was not specifically stated. The current diagnoses include adult lytic spondylolisthesis, lumbar spinal stenosis, L5 radiculopathy and diabetes. The injured worker presented on 08/22/2014 for a followup evaluation. The injured worker has been previously treated with physical therapy, home exercise and medication management. Upon examination, there was limited range of motion of the lumbar spine, an antalgic gait, tenderness to palpation and diminished ankle dorsal flexor strength rated 4/5. There was diminished sensation in the lateral aspect of the calf. Recommendations at that time included a lumbar laminectomy and fusion at the L4-5 level. A Request for Authorization form was then submitted on 12/22/2014. It is also noted that the injured worker underwent x-rays of the lumbar spine with flexion and extension views on 11/05/2014, which revealed evidence of discogenic spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and fusion at the L4-5 w/ 2-3 day LOS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of Stay

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal), Hospital Length of Stay.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, there was no documentation of a significant functional limitation. There was no mention of a psychosocial screening completed prior to the request for a lumbar fusion. Additionally, there was no evidence of spinal instability upon flexion and extension view radiographs. Given the above, the request is not medically appropriate at this time.