

Case Number:	CM14-0146418		
Date Assigned:	09/12/2014	Date of Injury:	04/23/2012
Decision Date:	10/21/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The claimant is a 61 year old gentleman who injured his low back in a work related accident on 04/23/12. The clinical records provide for review document that the claimant has been treated conservatively. The report of an MRI of the lumbar spine dated 01/25/13 identified retrolisthesis of L5 on S1 with bilateral foraminal narrowing and disc protrusion with compression of the exiting L5 nerve root. The clinical report dated 07/09/14 described continued low back complaints at which time the treating physician reviewed the MRI scan. The report also documented that plain film radiographs showed instability with flexion and extension views. Sensory examination was diminished at the L5 and S1 distribution with equal and symmetrical reflexes and 5/5 strength. Based on failed conservative care, the treating physician recommended an L5-S1 anterior fusion and decompression procedure with a three day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Retroperitoneal exposure, decompression and stabilization at L5-S1, to be performed as an IP procedure at [REDACTED], for a 3 night stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Hospital Length of Stay

Decision rationale: Based on California ACOEM Guidelines, the proposed L5-S1 operative intervention would not be indicated. While the claimant is known to have retrolisthesis at the L5-S1 level, there is presently no indication of progressive neurologic dysfunction that would necessitate the acute need of a surgical process at this subacute stage from claimant's time of injury. While MRI findings were discussed by the treating provider, there is a lack of formal documentation of imaging that would indicate compressive pathology at L5-S1 or indication of segmental instability. Based on the above information, the requested surgical process at the L5-S1 level to include a three day inpatient stay would not be indicated.

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 cite any medical evidence for its decision.

Decision rationale: The proposed lumbar surgery is not recommended as medically necessary. Therefore, the request for an assistant surgeon is also not medically necessary.

LSO Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The proposed lumbar surgery is not recommended as medically necessary. Therefore, the request for postoperative use of an LSO back brace is not recommended as medically necessary.