

Case Number:	CM14-0025435		
Date Assigned:	06/11/2014	Date of Injury:	07/13/2001
Decision Date:	08/28/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 patient is a 67-year-old gentleman who sustained injuries to the neck and low back in work-related accident on 07/13/01. Records provided for review document that the claimant is status post C5-6 anterior cervical discectomy and fusion. Specific to the low back complaints, the report of an MRI dated 01/08/13 identified intervertebral disc desiccation at L2-3 and loss of disc height and a left posterolateral disc protrusion resulting in left mild foraminal narrowing. A follow up report dated 02/04/14 describes continued complaints of pain in the low back with radiating left leg pain. Physical examination findings showed an antalgic gait, restricted lumbar range of motion and equal and symmetrical deep tendon reflexes. The report documented that the claimant had failed conservative care of physical therapy, multiple epidural injections, and activity restrictions. The recommendation was made for an L2-3 lateral interbody fusion. The medical records did not include any other imaging reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTREME LATERAL INTERBODY FUSION AND CAGE, L2-L3: Upheld

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

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

Decision rationale: Based on California ACEOM Guidelines, the request for an extreme lateral interbody fusion and cage at L2-3 would not be supported. The medical records and clinical imaging fail to demonstrate any evidence of compressive pathology or indication of segmental instability at the L2-3 level to support the need for a fusion. The documentation of the claimant's physical examination findings fail to demonstrate a radicular process of the lower extremities. ACOEM Guidelines support fusion in the presence of instability. Without documentation of imaging demonstrating compressive pathology or instability, the need of the operative process at the L2-3 level would not be supported.

INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Fusion (spinal).

Decision rationale: The request for an extreme lateral interbody fusion and cage at L2-3 would not be supported. Therefore, the request for an inpatient stay also would not be medically necessary.

PRE-OP LABS (CBC, BASIC METABOLIC); CHEST X-RAY; EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for an extreme lateral interbody fusion and cage at L2-3 would not be supported. Therefore, the request for pre-op labs, chest x-ray and EKG are also not medically necessary.