

Case Number:	CM13-0014231		
Date Assigned:	07/02/2014	Date of Injury:	04/04/2006
Decision Date:	08/25/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/20/2013

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:

This 35-year-old female sustained an industrial injury on 4/4/06. The mechanism of injury was not documented. The 9/6/11 lumbar spine MRI impression documented multilevel disc disease with no evidence of spinal stenosis. There was significant foraminal compromise at left L3/4 and mild to moderate L5/S1 foraminal stenosis. The 5/21/13 treating physician report indicated the patient had severe disabling pain for several years that had gradually worsened. There was continued severe back pain radiating down the right leg in a typical L5 distribution and right anterior and lateral thigh pain with more proximal radiculopathy. A new lumbar spine MRI showed fairly severe disc disease at the L3/4 level, milder at L2/3, and more severe at L5/S1. The L4/5 level shows degenerative changes only. She had failed to respond to conservative treatment. A discogram was planned to assess pain generation at the L3/4 and L2/3 levels. The 7/9/13 utilization review denied the request for posterior lumbar interbody fusion, L3/4 and L5/S1, as there was no evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR INTERBODY FUSION,L3-L4 AND L5-S1: 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), CRITERIA FOR A LUMBAR FUSION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FUSION (SPINAL).

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is recommended as an effective treatment for degenerative spondylolisthesis. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. There is no evidence of acute or progressive neurologic dysfunction. There is no radiographic or imaging evidence of segmental instability. A psychosocial evaluation is not evidenced. Therefore, this request for Posterior Lumbar Interbody Fusion at L3/4 and L5/S1 is not medically necessary.