

Case Number:	CM13-0016481		
Date Assigned:	12/11/2013	Date of Injury:	05/16/2012
Decision Date:	02/27/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedics and is licensed to practice in New Hampshire, New York and Washington. 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 physician 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 45-year-old male the date of injury May 16, 2012. The patient has chronic low back pain. MRI from June 20, 2012 indicates the patient has a 4.5 mm protrusion at L4-5 with a narrowed neural canal without significant spinal stenosis. The patient has been diagnosed with disc degeneration. On physical examination straight leg raising is positive on the left and there is decreased sensation in the left L4 and L5 dermatomes. Patient has a painful range of neck motion which is reduced. There is tenderness to palpation the back musculature. Weakness is documented of both L5 and S1 dermatomes. Patient takes norco and Ambien. The patient has had epidural injections. Patient has chronic back pain with disc degeneration. At issue is whether surgical fusion is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 POSTERIOR LUMBAR INTERBODY FUSION AT THE L4-5 LEVEL BETWEEN 7/8/2013 AND 9/19/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 307, 310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: E. Spinal Fusion:

Decision rationale: Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the nonfusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation). Low Back Complaints page. 307 Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD. Spine (Phila Pa 1976). 2009 May 1;34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc. Review.PMID:19363455[PubMed - indexed for MEDLINE] Related citations: Select item 1738076312.Evidence-based guidelines for the performance of lumbar fusion. Resnick DK. Clin Neurosurg. 2006;53:279-84. Review. No abstract available. PMID:17380763[PubMed - indexed for MEDLINE] Related citations: Select item 17033151 13.Evidence-based guidelines in lumbar spine surgery. Resnick DK, Groff MC. Prog Neurol Surg. 2006;19:123-34. Review. The Physician Reviewer's decision rationale: This patient has not been established criteria for lumbar fusion surgery. Specifically, the patient does not have any documented instability the lumbar spine. The patient does not have a progressive neurologic deficit. There are no red flag indicators for spinal fusion surgery such as tumor, fracture, or progressive neurologic deficit. Established criteria for lumbar fusion surgery are clearly not met in this case. In addition, the patient has not had a recently documented trial of failure of conservative measures to include physical therapy for the treatment chronic low back pain. Lumbar fusion for treatment of degenerative disc condition and chronic low back pain is not more likely than conservative measures to alleviate chronic low back pain. Established literature does not support the role of fusion surgery over conservative measures for treatment of chronic low back pain.