MAXIMUS Federal Services

Case Number:	CM13-0028178		
Date Assigned:	11/22/2013	Date of Injury:	11/15/2001
Decision Date:	01/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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.

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 female who injured her low back in a work related accident on November 15, 2001. The claimant is noted to have undergone a 2004 L3 through S1 decompression and lumbar fusion following a course of conservative care. Recent imaging in regards to the lumbar spine includes an August 28, 2013 CT scan of the lumbar spine showing the L2-3 level to be with mild to moderate facet change and degenerative changes with moderate disc space narrowing and mild spinal stenosis. The L3-4 level was noted to be with bilateral facet disease, degenerative change and a 2 to 3 millimeter disc osteophyte complex. The most recent clinical progress report was dated September 5, 2013 at which time orthopedic surgeon [redacted] evaluated the claimant for chief complaints of low back pain, increasing in nature. Physical examination of the lumbar spine was with "spasm and stiffness" but there was no other documentation of other findings or indication of any degree of neurologic examination. Reviewed at that time was the claimant's recent CT scan. The plan was for surgical intervention in the form of a posterior lumbar fusion at L2-3 and L3-4. There was not documentation of recent conservative care specific to the claimant's low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar fusion L2-3, L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, pgs. 383-383. AMA Guidelines..

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

Decision rationale: The CA MTUS/ACOEM Guidelines state, "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". Based on California MTUS ACOEM Guidelines, posterior interbody fusion at L2-3 and L3-4 would not be indicated. While the claimant is noted to be with degenerative disc disease on CT, there is no evidence of instability or progressive neurologic dysfunction on examination that would warrant the proposed two level procedures. Records are also vague with respect to recent conservative care that has been utilized to treat the claimant's isolated axial lumbar complaints. The request for Posterior lumbar fusion L2-3, L3-4 is not medically necessary and appropriate.