

Case Number:	CM13-0034680		
Date Assigned:	12/11/2013	Date of Injury:	01/14/2011
Decision Date:	01/15/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 52-year-old male who sustained an industrial injury on January 14, 2011. Comorbidities include obesity, diabetes, and asthma. The patient is a smoker. At issue is whether L5-S1 transforaminal lumbar interbody fusion and L4-5 decompressive laminectomy are medically needed. Also at issue is whether an Aspen LSO brace is medically needed. The patient has a diagnosis of lumbar degenerative disc condition in the lumbar spine. The patient has a normal neurologic examination. MRI of the lumbar spine performed in June 2012 shows degenerative changes at the facet joints at L3-4 and L4-5. No central canal lumbar stenosis was identified. Degenerative changes at L5-S1 were also noted. The MRI demonstrates L5-S1 to be without any evidence of spinal stenosis or neural foraminal narrowing. There was no evidence of direct nerve root compression at any level on the lumbar MRI. The patient has lost 40 pounds on his own, but he does not report any improvement of his back pain. He has failed extensive conservative treatment including many sessions of physical therapy and a medial branch block procedure in the lumbar spine. The patient desires to proceed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 transforaminal lumbar interbody fusion with pedicle screw instrumentation and L4-L5 decompressive laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307. Decision based on Non-MTUS Citation American Pain Society Clinical Practice Guidelines (Surgery for Low Back), 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 17380763; 12 Evid

Decision rationale: This patient does not meet established criteria for lumbar fusion. The patient is morbidly obese and he is a smoker. He does not have any red flag indicators for spinal surgery. There is no documented instability, fracture, or concerns for tumor. In addition, there is no documented compression of any nerve root in the lumbar spine. There is no documentation of significant spinal stenosis. The patient's neurologic examination is normal in the bilateral lower extremities. Lumbar fusion surgery an obese, smoking patients with degenerative disc condition is not more likely than continued conservative measures to improve chronic low back pain complaints. Lumbar decompressive surgery is not medically necessary in patients without documented neurologic deficit and without documented lumbar spinal stenosis. Lumbar decompression and fusion surgery is not medically necessary.

Aspen LSO brace: 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), Low Back Chapter, Back brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation J Neurosurg Spine. 2005 Jun;2(6):716-24. Guidelines for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 14: brace therapy as an adjunct to or substitute for lumbar fusion. Resnick DK, Choudhri TF, Dailey AT, Groff MW, Khoo L

Decision rationale: Bracing has not been demonstrated to be effective for the treatment of chronic low back pain in morbidly obese patients with degenerative disc condition. The use of a lumbar brace and an obese patient with lumbar disc degeneration and chronic back pain is not likely to provide long-term back pain relief. MTUS guidelines do not recommend the use of braces for chronic low back pain. LSO lumbar brace is not medically necessary in this patient.