

Case Number:	CM13-0040665		
Date Assigned:	12/20/2013	Date of Injury:	12/20/2004
Decision Date:	02/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/29/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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. 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:

██████████ is a 54 year old man who developed chronic back pain irradiating to both lower extremities. According to the note of ██████████ on July 31 2013, his physical examination demonstrated tenderness over the lumbar region bilaterally. Motion of the sacroiliac area produces pain in his back. Straight leg raising is markedly limited to about 30 degrees bilaterally. X-ray and MRI scans showed evidence of grade 1 isthmic spondylolisthesis. His current diagnosis L4-5 protrusion, isthmic spondylolisthesis, and degenerative disc protrusion at L4-5. Decompression with fusion was proposed as the ideal treatment. The provider requested authorization for spine fusion, inpatient stay for 5 days, assistant surgeon and back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Fusion of Spine L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The Physician Reviewer's decision rationale: According to MTUS guidelines, surgical consultation is indicated for patients who have 1.) severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferable with

accompanying objective signs of neural compromise, 2.) Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. 3.) Clear clinical, imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. 4.) Failure of conservative treatment to resolve disabling radicular symptoms. Spinal fusion is not usually considered during the first 3 months of symptoms except for trauma related spinal fracture or dislocation. There is no scientific evidence about the long term effectiveness of any form of surgery decompression or fusion for degenerative lumbar degeneration compared to placebo, natural history or conservative therapy. There is no good evidence that spinal fusion is effective alone in the treatment of acute back pain. The patient does not have any focal neurological signs. Based on the above spinal fusion is not medically necessary.

Prospective 5 Day Inpatient Hospital Stay: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter

Decision rationale: The Physician Reviewer's decision rationale: MTUS guidelines did not address the length of stay after back surgery. ODG recommended up to 3 days of hospitalization for this type of back surgery. Furthermore, and because the above spinal fusion was not certified, the 5 days length of stay is not medically necessary.

Prospective Assistant Surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The Physician Reviewer's decision rationale: MTUS and ODG do not address this issue. Although an assistant surgeon may be needed for spine surgery, it is not medically necessary here because the spinal fusion surgery was not certified.

Prospective Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The Physician Reviewer's decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Back brace is not medically necessary.