

Case Number:	CM13-0046661		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2011
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Fellowship trained in Spine Surgery, and is licensed to practice in California and Texas. 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 61-year-old male who reported an injury on 05/15/2011 due to cumulative trauma while performing normal job duties. Previous treatments for the low back have included physical therapy, chiropractic care, medications, a TENS unit, and epidural steroid injections. The patient underwent MRI that revealed multilevel disc desiccation, degenerative changes to the L3-4 and L4-5, and disc space narrowing at L4-5 with a disc bulge causing mild to moderate bilateral foraminal stenosis. The patient's most recent clinical examination findings included decreased sensation in the left L4 distribution with 1+ reflexes bilaterally and motor strength rated at 5/5. The patient's diagnoses included severe lumbar spinal stenosis, lumbar degenerative disc disease, and lumbar radiculopathy. The patient's treatment plan included L4-5 anterior and posterior fusion or possible L4 to L5 decompression with fusion posterior only.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 anterior and posterior fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307 , table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal) online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

Decision rationale: The requested L4-5 anterior and posterior fusion is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends spinal fusion of the low back for patients with spinal instability due to trauma or degenerative spondylolisthesis. The clinical documentation submitted for review does not provide any evidence that the patient has undergone trauma causing instability or that the patient has degenerative spondylolisthesis that would also cause instability. Official Disability Guidelines only recommend fusion after 2 discectomies on the same disc have been performed and a third discectomy is considered an option. The clinical documentation submitted for review does not provide any evidence that the patient has undergone any previous discectomies at the requested level. Additionally, although the MRI submitted for review does indicate nerve root pathology, the patient's clinical examination findings do not provide for significant deficits that would require fusion surgery. As such, the requested L4-5 anterior and posterior fusion are not medically necessary or appropriate.

Possible L4-5 decompression and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307 , table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal) online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

Decision rationale: The requested L4-5 decompression and fusion is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends spinal fusion of the low back for patients with spinal instability due to trauma or degenerative spondylolisthesis. The clinical documentation submitted for review does not provide any evidence that the patient has undergone trauma causing instability or that the patient has degenerative spondylolisthesis that would also cause instability. Official Disability Guidelines only recommend fusion after 2 discectomies on the same disc have been performed and a third discectomy is considered an option. The clinical documentation submitted for review does not provide any evidence that the patient has undergone any previous discectomies at the requested level. Additionally, although the MRI submitted for review does indicate nerve root pathology, the patient's clinical examination findings do not provide for significant deficits that would require fusion surgery. As such, the requested L4-5 decompression and fusion is not medically necessary or appropriate.

Trauma surgeon evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) ,2nd Edition, (2004) Chapter 6, page 163 .

Decision rationale: The requested trauma surgeon evaluation is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends the evaluation of patients by a specialist when additional expertise would assist in treatment planning for a patient. The clinical documentation submitted for review does provide evidence that a specific trauma surgeon would be evaluating the patient for surgical intervention and evaluating the best approach for the spinal fusion. However, as this surgical intervention is not supported, the need for a trauma surgeon would also not be supported. As such, the requested trauma surgeon evaluation is not medically necessary or appropriate.