

Case Number:	CM13-0047439		
Date Assigned:	12/27/2013	Date of Injury:	03/02/1990
Decision Date:	02/25/2014	UR Denial Date:	09/25/2013
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 Spine Surgery and is licensed to practice in New York. 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 with the date of injury of March 9, 1990. The patient has chronic back pain. The MRI from June 2013 reveals multiple level degenerative changes of the lumbar spine with mild to moderate canal stenosis at L5-S1, there is also moderate canal stenosis at L4-5, L3-4, and L2-3 area and there is grade 1 anterolisthesis at L4-5. There is 5 mm of retrolisthesis at L3-4. The patient also complains of low back pain radiating to the lower extremities. He's had episodes of incontinence. Physical exam shows tenderness to palpation of the low back. It is a limited range of motion of the low back. Lower extremity strength is 4/5 and there is diminished sensation in the anterior thighs bilaterally. MRI from June 2013 reveals stenosis with foraminal narrowing from L2-S1 levels with spondylolisthesis at L3-4 and L4-5. Patient has been treated with medications which include Norco ,Mobic, and Gabapentin. He has also had physical therapy, and lumbar injections without any relief. At issue is whether multilevel decompression and interbody fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-S1 multi-level decompression with bilateral facetomy and discectomy with interbody fusion and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: This patient does not need to establish criteria for lumbar decompression and fusion surgery at this time. The medical records do not document a recent nonoperative treatment program that includes physical therapy. In addition, the patient does not have any evidence of segmental instability on any imaging study of the medical records. There is no imaging study that demonstrates abnormal motion in the lumbar spine. The patient does not have any red flag indicators for spinal fusion such as tumor, fracture, or significant instability. Established guidelines for lumbar fusion are not met. The patient also does not meet established guidelines for lumbar decompression at this time. While the patient does have evidence of spinal canal stenosis at multiple levels of the lumbar spine, there is no appropriate documentation of a recent trial and failure of conservative measures to include physical therapy. Evidence of a nonoperative treatment protocol that has recently been conducted is not in the medical records. Therefore, lumbar decompressive surgery consisting of both multilevel fusion and decompressive surgery is not medically necessary at this time.

Aspen LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Pain Chapter: Lumbar Orthosis.

Decision rationale: This patient does not meet criteria for lumbar brace. Specifically, there is no documented fracture or significant instability in the patient's lumbar spine. The use of a lumbar brace for multilevel degenerative back pain is controversial and not supported with appropriate peer review medical literature. Guidelines for lumbar brace are not met.

External bone growth stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Since his surgery is not needed, then all other associated items are not necessary.