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| Case Number: | CM13-0060007 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/03/2012 |
| Decision Date: | 04/01/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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. 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:

57 year old male with industrial injury on 3/3/12. Chief complaint of low back pain radiating to left neck. MRI from 7/24/13 demonstrates L4-5 3mm retrolithesis of L4-5 with a 4mm posterior disc protrusion and bilateral neural foraminal compromise at L5-S1 50% decrease in disc height with a 4-5mm disc bulge resulting in lateral neural foraminal encroachment. X-rays from 8/16/13 demonstrate retrolithesis at L5-S1 with significant collapse of 85% at L5-S1 disc and collapse at the L4-5 disc space. CT from 8/21/13 demonstrate narrowed disc space at L4-5, moderate degenerative facet changes at L5-S1, disc space narrowing and sclerotic endplate changes. Exam notes from 10/2/13 demonstrate lumbar tenderness and painful ROM. Treatment to date has included medication, activity modification and lumbar ESI. Request for L4-S1 anterior lumbar interbody fusion with BMP.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 anterior lumbar interbody fusion with HMP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the CA MTUS/ACOEM guidelines regarding spinal fusion, Low Back Chapter, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. 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. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the nonfusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation). Regarding spinal fusion, the Official Disability Guidelines indicate: Patient Selection Criteria for Lumbar Spinal Fusion: For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. CRITERIA NOT MET (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy, with relative angular motion greater than 20 degrees. CRITERIA NOT MET (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. In cases of workers' compensation, patient outcomes related to fusion may have other confounding variables that may affect overall success of the procedure, which should be considered. There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. Spinal instability criteria includes lumbar inter-segmental movement of more than 4.5 mm. CRITERIA NOT MET (4) Revision Surgery for failed previous operation(s) if significant functional gain

Inpatient stay x 2 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.