

Case Number:	CM13-0070345		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2010
Decision Date:	06/04/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas and 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 expert 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 injured worker is a 64-year-old male who reported an injury on February 15, 2010, secondary to a fall. Current diagnoses include lumbar degenerative facet disease and status post lumbar fusion at L3-4. The injured worker was evaluated on October 23, 2013. The injured worker reported persistent pain with numbness and sleep disruption. The injured worker was 1 week status post bilateral transforaminal lumbar epidural steroid injection at L4-5, which provided 90% relief. The injured worker is also currently participating in a home exercise program. Physical examination on that date revealed tenderness to palpation, limited lumbar range of motion, decreased sensation bilaterally at L4-S1, and 5/5 motor strength in bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION AND FUSION OF L4-5 WITH POSSIBLE REMOVAL OF HARDWARE AT L3-4: 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) Patient Selection Criteria For Lumbar Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion, Hardware Removal.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than one month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state there are two common types of spine surgery decompression procedures, including microdiscectomy or open decompression discectomy/laminectomy. Preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy, documented spinal instability on x-rays or CT myelogram, spine pathology that is limited to two levels, and completion of a psychosocial evaluation. Hardware implant removal is not recommended except in the case of broken hardware or persistent pain after ruling out other causes of pain such as infection and nonunion. As per the documentation submitted, the injured worker has previously participated in various modalities of therapy, anti-inflammatory medications, and analgesics. The injured worker continues to report persistent pain with numbness and sleep disturbance. However, there were no imaging studies or electrodiagnostic reports submitted for review. There is no evidence of documented instability on flexion and extension view radiographs. There is no evidence of broken hardware or an exclusion of other pain generators such as infection and nonunion. There is also no documentation of a psychosocial evaluation prior to the requested surgical procedure. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. The request for decompression and fusion of L4-L5 with possible removal of hardware at L3-L4 is not medically necessary or appropriate.