

Case Number:	CM14-0000184		
Date Assigned:	01/10/2014	Date of Injury:	07/09/2010
Decision Date:	05/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopaedic 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 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:

This 57-year-old female clerk sustained injury to the low back on 7/9/10 pushing grocery carts. The 3/3/11 lumbar MRI documented L4/5 and L5/S1 disc protrusions abutting the exiting nerve roots. The 3/3/11 EMG revealed chronic left L5 radiculopathy. The 7/11/12 lumbar MRI showed circumferential L3/4 disc protrusion with bilateral mild to moderate foraminal encroachment and mild central stenosis. The 2/25/13 CT scan impression noted discogenic disease with disc osteophytes at L3/4 that caused mild narrowing of the spinal canal, moderate left and mild right neuroforaminal encroachment, and mild to moderate facet degenerative changes. There was a mild broad-based L4/5 disc bulge with moderate facet degenerative changes, mild spinal canal narrowing with flattening of the thecal sac and mild neuroforaminal encroachment. The 9/12/13 treating physician report cited an increase in lower back pain. Physical exam findings noted lumbosacral tenderness, pain with range of motion, negative facet maneuver, intact neurologic exam, and hip range of motion normal bilaterally. The patient was given a Toradol injection. Final Determination Letter for IMR Case Number CM14-0000184 3 Psychological clearance for fusion was pending. The 11/20/13 neurosurgeon note stated the patient had continued low back and bilateral leg pain with findings suggestive of axial low back pain and not necessarily representative of neurogenic claudication. An L3/4 extreme lumbar interbody fusion (XLIF) with posterior instrumentation was recommended. The patient was reported slightly better and pending psychological clearance. The 12/5/13 utilization review recommended non-certification of the request for L3/4 XLIF as there was no documented focal deficit, significant central stenosis, segmental instability, or unstable spondylolisthesis. The 1/16/14 treating physician report indicated that the patient had tolerable pain that allowed her to continue to work as a hair stylist. She decided to postpone lumbar fusion at this time. The treatment plan recommended

continued medications, random urine drug screens, and follow-up by QME to make her permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 EXTREME LUMBAR INTERBODY FUSION WITH POSTERIOR

INSTRUMENT: Upheld

Claims Administrator 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.

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 - Lumbar & Thoracic, Fusion (Spinal).

Decision rationale: Under consideration is a request for L3-L4 extreme lumbar interbody fusion with posterior instrumentation. The ACOEM revised low back guidelines state that lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability has been proven. Lumbar fusion is not recommended as a treatment for chronic non-specific lower back pain. Lumbar spinal fusion is recommended as an effective treatment for isthmic or degenerative spondylolisthesis. The Official Disability Guidelines do not recommend spinal fusion for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guideline criteria have not been met. There is no radiographic or imaging evidence of significant stenosis, unstable spondylolisthesis, or segmental instability. There is no current documentation of objective neurologic dysfunction. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Recent reports indicate that the patient has requested postponement of this surgery as her pain was tolerable and she was able to work. Therefore, this request for L3-L4 extreme lumbar interbody fusion with posterior instrumentation is not medically necessary.

2 DAY LENGTH OF STAY: 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.

