

Case Number:	CM14-0004223		
Date Assigned:	01/17/2014	Date of Injury:	02/17/2006
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Orthopedic 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 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 patient is a 39-year-old male with a date of injury of February 17, 2006. The patient was lifting fire hydrant network and noted the immediate onset back pain. He's diagnosed with lumbar disc disorder and herniated disc. EMG and NCV studies done in September 2000 and showed bilateral tibial left peroneal involvement. The patient also complains of pain radiating from his sacroiliac joints across his lumbar spine. On physical examination patient's positive tenderness to the back muscles. There is tenderness to the sacroiliac joints bilaterally. There is a positive Faber test, a positive Patrick's test, and straight leg raise is positive at 20°. There is decreased sensation along the sacroiliac dermatomes. Lumbar MRI from June 2013 reveals L5-S1 grade 1 spondylolisthesis with bilateral pars defects. There is a posterior disc protrusion at L4-5 with mild effacement of the thecal sac. Electrodiagnostic studies performed September 2004 nonspecific. The patient is taking medications for pain. At issue is whether lumbar minimally invasive L4-5 and L5-S1 fusion and sacroiliac joint fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MINIMALLY INVASIVE L4-L5 AND L5-S1 POSTERIOR LUMBAR INTERBODY FUSION WITH PEDICLE SCREW FIXATION AND SACROILIAC JOINT FIXATION:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004), Pages 305-306, Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Hip and Pelvis Chapter, SI Joint Fusion.

Decision rationale: This patient does not meet establish criteria for lumbar fusion. Specifically there is no documented instability in the lumbar spine. The records do not indicate any abnormal motion of the lumbar spine. In addition there is no other red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Lumbar fusion in cases of degenerative disc condition has not been shown to be more effective than conservative measures for leaving low back pain. The patient does not meet criteria for SI joint fixation. The medical records do not document that the patient has had pain relief confirmed with intra-articular sacroiliac joint injection under fluoroscopic guidance. The medical records do not indicate that the patient has failed specific nonoperative therapy for the treatment of SI joint dysfunction. Criteria for sacroiliac joint fusion are not met.