MAXIMUS Federal Services

Case Number:	CM14-0105205		
Date Assigned:	07/30/2014	Date of Injury:	07/19/2013
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/08/2014

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 49-year-old male sustained an industrial injury on 7/19/13. Mechanism of injury was described as a lifting/flexion injury, while trying to pull on a tarp. Conservative treatment included chiropractic, physical therapy, home exercise, activity modification, bilateral facet joint injections at L4/5 and L5/S1, anti-inflammatory, and narcotic analgesia. The 9/26/13 lumbar x-rays demonstrated mild degenerative disc disease at L4/5 and L5/S1 with no instability. The 11/20/13 lumbar MRI impression documented degenerative discopathy with disc bulging and small posterior mid-line annular tears at L4/5 and L5/S1. There was no neural impingement. The 6/9/14 treating physician report cited low back pain. The patient denied lower extremity pain or numbness. Pain was worse with prolonged standing or sitting. He was unable to bend over. Physical exam documented decreased range of motion in the lumbar spine with minimal flexion ability. Pain was localized to mid-line at the L5/S1 junction. The patient sat at an angle off to the side secondary to pain. Straight leg raise was negative bilaterally. Reflexes were 2/2 and symmetrical. Motor was 5/5. Sensation was completely normal. There were anterior and posterior disc changes, decreased disc height, and extreme Modic changes at the L5/S1 level on sagittal imaging Surgery was recommended to include transforaminal or posterior lumbar laminectomy and inter-body fusion at L5/S1. The 6/26/14 utilization review denied the request for lumbar surgery as guidelines criteria were not met. There was no clinical exam evidence of nerve root compression or imaging evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior Laminectomy Interbody Fusion: 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 Patient Selection criteria for lumbar spinal fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: The ACOEM Revised Low Back Disorder guidelines recommend decompression surgery as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability has been proven. The Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been met. There are no current clinical exam findings of neural compromise. There is no radio-graphic evidence of spinal segmental instability. A psychosocial screen is not evident. Therefore, this request for L5/S1 posterior laminectomy and inter-body fusion is not medically necessary.