

Case Number:	CM14-0012459		
Date Assigned:	02/21/2014	Date of Injury:	05/31/2012
Decision Date:	07/28/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine 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:

The patient is a 54-year-old female who has filed a claim for lumbar spondylolisthesis and disc degeneration associated with an industrial injury date of May 31, 2012. Review of progress notes indicates low back pain radiating to bilateral lower extremities, associated with numbness. The pain is worse upon standing, walking, and having an extended posture. Findings include lumbar tenderness and spasm, and decreased lumbar range of motion. Lumbar MRI dated June 12, 2012 showed diffuse disc bulge at L4-5, and anterolisthesis of L5 on S1 with bilateral foraminal narrowing. Lumbar MRI dated July 31, 2012 showed annular tear at L4-5 with protrusion indenting the anterior portion of the lumbosacral sac; and grade II spondylolisthesis of L5 on S1 with protrusion of the nucleus pulposus, moderate degenerative disc dehiscence, and marked bony hypertrophy of the articular facets. Lumbar x-ray dated December 07, 2012 showed 1.5cm anterolisthesis of L5 on S1 with pars defect at the left L5, degenerative disc disease with narrowing at L4-S1, and facet degenerative changes at L3-S1. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, chiropractic therapy, and lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4,L5,S1 POSTERIOR LATERAL LUMBAR INTERBODY FUSION L5, S1 and LATERAL FUSION L4/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Fusion (spinal).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for spinal fusion include segmental instability demonstrated as excessive motion, as in degenerative spondylolisthesis; or primary mechanical back pain/functional spinal unit failure/instability, including one or two level segmental failure with progressive degenerative changes and loss of height. Spinal instability criteria include lumbar intersegmental movement of more than 4.5mm. There is 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. Pre-operative indications include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, imaging results demonstrating disc pathology correlated with symptoms and exam findings, spine pathology limited to two levels, and psychosocial screening. In this case, the latest imaging study was performed in December 2012. Results show grade II anterolisthesis of L5 on S1; and mild degenerative disc changes from L4-S1, but the vertebral body heights are maintained. There are no significant instability or degenerative changes noted at the L4-5 level. Also, the latest progress notes do not document examination findings of neurological involvement that correlate with the imaging results. As per progress notes from August to November 2013, the patient's physical examination findings showed improvement and resolution of neurological symptoms. At this time, all indications for lumbar fusion surgery have not been met. Therefore, the request was not medically necessary.

ASSISTANT SURGEON: 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: The dependent request of bilateral L4, L5, S1 posterior lateral lumbar interbody fusion L5, S1 and lateral fusion L4/S1 has been deemed not medically necessary; therefore, all the associated services, such as the request for assistant surgeon, is likewise not medically necessary.

PRE-OPS (LABS, CHEST X-RAY, EKG): 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: The dependent request of bilateral L4, L5, S1 posterior lateral lumbar interbody fusion L5, S1 and lateral fusion L4/S1 has been deemed not medically necessary; therefore, all the associated services, such as the request for pre-ops (labs, chest x-ray, EKG), is likewise not medically necessary.

INPATIENT 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: The dependent request of bilateral L4, L5, S1 posterior lateral lumbar interbody fusion L5, S1 and lateral fusion L4/S1 has been deemed not medically necessary; therefore, all the associated services, such as the request for inpatient stay, is likewise not medically necessary.