

Case Number:	CM14-0156961		
Date Assigned:	09/29/2014	Date of Injury:	01/12/2011
Decision Date:	11/26/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic 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:

44-year-old male claimant with an industrial injury dated 01/12/11. Exam note 08/20/14 states the patient returns with low back pain. The patient describes numbness, throbbing, aching, burning, and tingling. The patient states that the pain is radiating into the lower extremities, with the right side being worse. Upon physical exam there is a well-healed scar in the lumbar spine with restricted range of motion. The right great toe extensor motor strength is noted as 5-/5, and the left EHL is 4+/5. The patient demonstrates a slight antalgic gait. X-rays reveal hardware at L5-S1 without signs of failure, and there are screws and one rod on the right side only. CT scan lumbar spine 3/21/14 states there are right-sided L5-S1 hardware with interbody within the disc space. MRI lumbar spine 3/21/14 demonstrates the right-sided L5-S1 hardware with mild neural foraminal stenosis secondary to facet arthropathy at L4-5. Treatment includes a L5-S1 decompression and revision fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Posterior Fusion w/interbody Graft,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2nd edition) regarding lumbar spinal fusion surgery ODG (http://www.odg-twc.com/odgtwc/low_back.html) regarding lumbar fusion

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, Fusion (Spinal)

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a 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. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability on flexion/extension views. In addition there is no evidence on CT scan demonstrating pseudoarthrosis from 3/28/13 or psychiatric clearance to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Laminectomy L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2nd edition) regarding lumbar spinal fusion surgery ODG (http://www.odg-twc.com/odgtwc/low_back.html) regarding lumbar fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, laminectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition the MRI report from 3/21/14 does not demonstrate significant foraminal or central stenosis. Therefore the guideline criteria have not been met and determination is not medically necessary.

w/3 day inpt. 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.

Cardiac Clearance Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (text, page 127) ACOEM Guidelines, 2nd Edition (body parts chapters 8-14)

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.