

Case Number:	CM14-0059271		
Date Assigned:	07/09/2014	Date of Injury:	01/28/2010
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/29/2014

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 52-year-old male sustained an industrial injury on 1/28/10, relative to cumulative trauma. The patient was status post left knee arthroscopic meniscectomy on 1/19/13. The 2/6/14 treating physician report cited low back pain, worse with prolonged walking. Lumbar spine exam documented significant paraspinal muscle tenderness and spasms, accentuated with range of motion. Lumbar range of motion was markedly limited. There was slight diminution of the ankle jerk reflex and plantar strength bilaterally. There was decreased posterolateral foot and heel sensation. The patient had positive nerve tension signs. The diagnosis was lumbar discopathy and spondylosis, L5/S1 disc herniation with left sided sciatica, and L5/S1 bilateral herniated nucleus pulposus. The 3/26/14 utilization review denied the request for posterior lumbar fusion at L5/S1 as there was no evidence of comprehensive conservative treatment and response. The 4/2/14 treating physician report indicated the patient underwent L5/S1 posterior lumbar interbody fusion on 3/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Interbody Fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Integrated Treatment/ Disability Duration Guidelines: Low Back-

Lumbar & Thoracic (Acute & Chronic), (updated 03/18/14); Andersson, 2000; Luers, 2007; Colorado, 2001.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (Spinal).

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is not recommended as a treatment for patients with radiculopathy from disc herniation. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended 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. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. There was no imaging or radiographic evidence of spinal segmental instability. There was no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. A psychosocial screen was not evidenced. Therefore, this request for posterior lumbar interbody fusion at L5/S1 is not medically necessary.