MAXIMUS Federal Services

Case Number:	CM14-0059654		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2011
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 51-year-old male who has submitted a claim for degenerative lumbar disc disease L3-L4 and L4-L5, chronic low back pain, and peripheral neuropathy associated with an industrial injury date of 06/29/2011. Medical records from 2014 were reviewed. Patient complained of persistent low back pain aggravated during twisting and bending activities. Pain was rated 5/10 in severity described as constant and sharp, radiating to the left lower extremity. He reported minimal radiating leg symptoms recently. Patient denied bowel or bladder incontinence. Physical examination of the lumbar spine showed increased muscle tone and restricted motion. Gait was mildly antalgic. X-ray of the lumbar spine, dated 02/04/2013, demonstrated slight antero-listhesis of L4 relative to L5 without evidence of instability. There was moderate degenerative disc disease, spondylosis and facet osteoarthritis. MRI of the lumbar spine, dated 02/04/2013, showed no change in diffuse bulge at L4-L5. There was L3-L4 diffuse bulge with more focal extrusion component in the left foramen.Treatment to date has included epidural steroid injection, physical therapy, and medications. Utilization review from 04/01/2014 denied the request for Lumbar Fusion, L3-5, with Pedicle screws because of no evidence of radiographic instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Fusion, L3-5, with Pedicle screws: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Fusion (spinal).

Decision rationale: On pages 305 - 307 of the CA MTUS ACOEM Guidelines state that lumbar surgical intervention is recommended for patients who have: severe lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations for more than one month; clear imaging of a lesion; and failure of conservative treatment to resolve disabling radicular symptoms. In addition, ODG states that the patient should refrain from smoking for at least 6 weeks prior to surgery for a better outcome. In this case, patient complained of persistent low back pain with occasional radiation to the left lower extremity despite conservative management. Current treatment plan includes lumbar fusion surgery. X-ray of the lumbar spine demonstrated slight antero-listhesis of L4 relative to L5 without evidence of instability. MRI of the lumbar spine showed diffuse disc bulge from L3 to L5 levels. However, it is unclear why a lumbar fusion was necessary when radiographic findings showed no evidence of instability. Moreover, progress report from 02/17/2014 revealed that patient is a smoker. There was no management response concerning his smoking status despite it being a poor outcome of surgical success. Therefore, the request for Lumbar Fusion, L3-5, with Pedicle screws is not medically necessary.