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| Case Number: | CM14-0060334 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 08/10/2010 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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:

The claimant is a 61-year-old with reported injury of August 7, 2010. The claimant has undergone prior lumbar surgery on April 2011 and February 2012. Radiographic examination lumbar spine demonstrates a stable fusion with interbody grafts at L2-3 and L4-5. There is no listhesis, fracture or instability however there is worsening degenerative disc disease noted at L1-L2 levels. Exam note from January 30, 2014 demonstrates the claimant complaints of constant low back pain aggravated by prolonged walking sitting and alleviated by medications. Physical examination demonstrates a forward flexed, protective posture and lower left extremity. Exam note from April 7, 2014 demonstrates the claimant complains of increased spine physical examination remains unchanged per visit on January 30, 2014. Recommendation is made for surgical extension of instrumented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Fusion Lumbar L1-L2 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-204.

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 Official Disability Guidelines (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, the 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 greater than 4.5 mm or psychiatric clearance to warrant fusion from the exam note of 1/30/14. Therefore, the determination is not medically necessary.