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| Case Number: | CM14-0084021 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 09/21/2000 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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, has a subspecialty in Spinal 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 48 year-old injured worker reported an industrial injury on 09/21/2000. Exam note from November 18, 2014 demonstrates claimant with complaints of pain in the low back radiating to back, posterior thigh and posterior thigh, and posterior calf into the heel. Examination discloses reduced range of motion in all planes. Straight leg raise testing is positive on the right. CT scan of the lumbar spine from February 12, 2014 demonstrates intact hardware, minimal disc bulging at L3-4, and mild degenerative changes. Exam note from February 20, 2014 demonstrates claimant is status post L5-S1 fusion with artificial disc replacement in 2009. The claimant has developed L4-5 segmental instability related to facet disease. Exam note from April 10, 2014 demonstrates a claimant has had a very severe decline in function with severe mechanical low back pain. Radiographic examination reveals stability in flexion and extension. Radiology report from April 11, 2014 demonstrates significant ventral translation of L4 on L5 and opening and closing the facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal fusion left 4-5 with synthis instrumentation and bone morphogenic protein (BMP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment & Workman's Compensation (TWC), Low Back Procedure Summary.

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 & Bone Morphogenic Protein.

Decision rationale: The ACOEM guidelines 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, 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. The ODG does not recommend use of bone morphogenic protein (BMP) as there is lack of safety and efficacy to support usage. In this particular patient while there is instability to support lumbar fusion at L4/5, the request for BMP is not medically necessary. Therefore, this request is not medically necessary.