

Case Number:	CM14-0084628		
Date Assigned:	07/21/2014	Date of Injury:	11/24/1997
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Indiana. 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 member is a 61 year old male construction worker who injured his back at work on 11/28/97. He developed acute onset of sharp pain in his lumbar spine and radiculopathy in the left lower extremity. The member failed conservative treatment with three epidural steroid injections and eventually underwent a laminectomy at L5 and foraminotomy on 1/20/98. As a result of continued intractable low back pain, the member underwent a second spine surgery for a L5-S1 laminectomy in 1999. He remained symptomatic for the next 5 years with low back pain and eventually underwent a third spinal procedure for an L3 - S1 Fusion. The member's symptoms did improve after this surgery. At an evaluation on 11/14/13, the member was complaining of low back pain with radiation to both legs, left greater than right. The member states the pain is 8/10 without pain medications. The member was neurologically intact in the lower extremities with 70 - 80% normal ROM of the lumbar spine. X-rays revealed a solid arthrodesis from L3 - S1 and advance segment collapse at L2-3 above the fusion. He initially was treated conservatively with tramadol and muscle relaxers. The treating spine surgeon has requested: 1. L2-3 Lumbar interbody fusion with posterior lateral fusion, L2-3 posterior non-segmental instrumentation, L2-3 intervertebral device, L3- S1 removal posterior wegmental instrumentation, L3 - S1 exploration of fusion mass; and 2. Lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 Lumbar interbody fusion with posterior lateral fusion, L2-3 posterior nonsegmental instrumentation, L2-3 intervertebral device, L3-S1 removal posterior segmental instrumentation, L3-S1 exploration of fusion mass: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic).

Decision rationale: According to the ODG guideline Low Back - Lumbar & Thoracic (Acute and Chronic): 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, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria outlined in the section below entitled, Patient Selection Criteria for Lumbar Spinal Fusion, after 6 months of conservative care. For workers' comp populations, see also the heading, Lumbar fusion in workers' comp patients. After screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurologic compromise after 6 months of compliance with recommended conservative therapy. In this member's case, there is x-ray evidence of advanced segment collapse at L2-3 above the fusion mass and the member has failed conservative treatment for 6 months including activity modification, home exercises, medications, physical therapy, spinal injections, and epidural steroid injections. Therefore, request for L2-3 Lumbar interbody fusion with posterior lateral fusion, L2-3 posterior nonsegmental instrumentation, L2-3 intervertebral device, L3-S1 removal posterior segmental instrumentation, L3-S1 exploration of fusion mass is medically necessary and appropriate.

Lumbar corset: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar and Thoracic (Acute and Chronic).

Decision rationale: According to the ODG guidelines for post-operative lumbar supports: They are under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Therefore, the request for Lumbar corset is not medically necessary and appropriate.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACC Guidelines for Medical Evaluation prior to surgery, 2009.

Decision rationale: The member does not have any risk factors for CAD, CHF, DM, CRI, or CVA and does not smoke. Based on the ACC criteria, the member is at low risk for surgery/anaesthesia and does not require medical clearance prior to surgery. Therefore, the request for medical clearance is not medically necessary and appropriate.