

Case Number:	CM14-0103023		
Date Assigned:	07/30/2014	Date of Injury:	02/28/2001
Decision Date:	01/06/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/03/2014

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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 50-year-old male who reported an injury on 02/28/2001. The mechanism of injury was reported when the injured worker was while the injured worker was shoveling dirt to get a package out of the mud which caused severe pain in the upper and lower back. His diagnoses included lumbosacral spondylosis, and lumbago. Previous treatments included medication, as well as surgeries to include L4-5 fusion in 1996, resection of pseudoarthrosis of the iliolumbar area in 2008, and a fusion of the iliolumbar area in 2011. Diagnostic testing included a lumbar x-ray on 05/05/2014 and MRI of the lumbar spine on 08/20/2013. On 05/02/2014 it was reported the injured worker complained of referred pain in the lower limbs, but the pain is specifically in the lower back area. The injured worker reported having difficulty with activities of daily living. The physical examination revealed lumbar facet loading maneuvers are positive in L3, L4, and L5 distributions on the right and left. The injured worker is unable to extend greater than 5 degrees to neutral, secondary to lumbar facet pain. Decreased sensation to light touch in the medial calf was noted on physical examination. On 06/19/2014 it was reported the injured worker returned for a follow-up evaluation with unchanged symptoms from the previous visit. The provider noted surgery was recommended and a request for L5-S1 posterior spinal fusion with instrumentation was requested. Request for Authorization was submitted and dated 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior Spinal Fusion with Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter - Patient Selection Criteria for Lumbar Spinal Fusion

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 request for an L5-S1 posterior spinal fusion with instrumentation is not medically necessary. The California MTUS/ACOEM Guidelines note surgery is considered only when serious spinal pathology or nerve root dysfunction is not responsive to conservative therapy. Surgery is indicated for those with severe debilitating lower leg symptoms in a distribution consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both long and short term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. In addition, the guidelines note spinal fusion, except for in cases of trauma related to fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with a natural history, placebo, or conservative treatment. In addition, the Official Disability Guidelines state criteria for lumbar fusion include: chronic lower back problems; fusion should not be considered within the first 6 months of symptoms except for fracture, dislocation or progressive neurological loss. Indications for fusion may include: neural arch defect; spondylitic spondylolisthesis; congenital neural arch hypoplasia; segmental instability objectively demonstrable; excessive motion as a degenerative spondylolisthesis; surgically induced segmental instability; mechanical intervertebral collapse of the motion segment; and advanced degenerative changes after surgical discectomy. There is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in the active rehab program preoperatively for 6 months. The clinical documentation submitted indicated the injured worker continued to have pain. However, there is lack of significant documentation indicating the injured worker had undergone an adequate 6 month trial of conservative care for improvement in function. Therefore, the request is not medically necessary.

2 day length of stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

