

Case Number:	CM14-0127948		
Date Assigned:	08/15/2014	Date of Injury:	09/01/2006
Decision Date:	01/02/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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:

This is a 44 year old claimant with reported industrial injury of 9/1/06. Radiology report MRI of the lumbar spine dated 01/11/13 shows disc desiccation and decreased disc height. At L-5, there is about 2-4mm saddle like disc bulge with facet and ligamentum flavum hypertrophy that results in mild central canal narrowing and moderate bilateral foraminal stenosis. Central canal stenosis appears slightly increased, probably secondary to increased posterior epidural fat. The degree of foraminal stenosis bilaterally has slightly increased. Operative report dated 05/21/13 indicates that the claimant underwent L4-L5 lumbar epidural steroid injection with IV conscious sedation, intraoperative fluoroscopy, and epidurography. Operative report dated 02/19/14 indicates that the claimant was diagnosed with lumbar radiculopathy. The claimant underwent a lumbar transforaminal injection at L4-L5 Exam note dated 04/28/14 indicates that the claimant reports constant and worsening low back pain rated /10. The pain radiates to the bilateral legs with numbness and tingling into the right foot and weakness. On review of systems, there is positive difficulty sleeping due to pain and itching secondary to Anexsia. Examination of the lumbar spine reveals decreased range of motion with flexion of 45 degrees while extension and bilateral lateral flexion is 10 degrees. There is tenderness to the paraspinal, positive Kemps sign bilaterally, and right straight leg raise at 70 degrees to the posterior thigh. There is decreased strength graded 5 bilaterally and decreased sensation on the right L4, L5 and S1. The claimant is able to return to full duty work. Treatment plan includes a prescription of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 transforaminal and posterior fusion, laminectomy, PEEK spacer, bone graft and pedicle screws: 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 for Worker's Compensation (TWC), Low back procedure summary last updated 7/3/14, Indications for surgery: discectomy/laminectomy.

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.

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 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, 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 in the exam note from 4/28/14 as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Associated surgical service: Pre-operative clearance: 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.

Associated surgical service: Post-operative physical therapy 2x6: 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.

