

Case Number:	CM14-0164869		
Date Assigned:	10/28/2014	Date of Injury:	09/26/2012
Decision Date:	01/27/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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 Spine Surgery, has a subspecialty in ENTER SUBSPECIALTY 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 38-year-old male who reported an injury of unspecified mechanism on 09/26/2012. On 09/17/2014, his diagnostic assessment included adjacent segment disease. X-rays of the lumbar spine on 09/06/2014 revealed status post posterior fusion of L5-S1 in anatomic alignment. A CT scan of the lumbar spine on 09/06/2014 revealed posterior fusion and artificial disc spacer material placement in anatomic alignment. L2-3: a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. L4-5: a 2 to 3 mm posterior disc bulge resulting in mild right and moderate left neural foraminal narrowing. L5-S1: status post fusion resulting in moderate to severe bilateral neural foraminal narrowing in conjunction with facet joint hypertrophy. The central canal is adequately patent. An MRI of the lumbar spine on 09/04/2014 revealed status post posterior fusion and laminectomy and bone graft material placement at L5-S1 in anatomic alignment. L2-3: 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. L4-5: 2 to 3 mm left paracentral posterior disc and facet joint hypertrophy protrusion resulting in moderate right and moderate to severe left neural foraminal narrowing with lateral exiting nerve root compromise. L5-S1 posterior fusion is seen. Facet joint hypertrophy and residual 2 to 3 mm posterior disc bulge resulting in moderate bilateral neural foraminal narrowing with bilateral exiting nerve root compromise. The report of 09/17/2014 notes that since this injured worker had failed conservative treatment with anti-inflammatories and physical therapy as well as epidural injections and already had a lumbar fusion at a level below more than 5 years ago, the recommendation was made for an L4-5 revision decompression. However, because the scar tissue and L5 pedicle screws, it was anticipated that more than 50% of the facets of L4-5 would have to be removed; therefore, fusion would be necessary as well. Thus, the request for an L4-5

revision, decompression, and fusion. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Surgery L4-L5 fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307, 310.

Decision rationale: The request for associated surgical service: surgery L4-L5 fusion is not medically necessary. The California ACOEM Guidelines note that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. The request is not medically necessary as an isolated service. Therefore, this request for associated surgical service: surgery L4-L5 fusion is not medically necessary.