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| Case Number: | CM14-0196197 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 02/18/2013 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Surgeon, 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 injured worker is a 42-year-old male who reported an injury on 02/018/2013; the mechanism of injury was not provided. MRI of the lumbar spine performed on 03/22/2013 revealed a broad based posterior protrusions measuring up to 4 mm with associated annular fissuring and moderate hypertrophy of the facet joints at the L5-S1 level resulting in moderate bilateral neural foraminal narrowing and protrusion comes in close proximity to both exiting L5 nerve roots. On 05/20/2014, the patient presented with complaints of mild low back pain and right leg pain that has improved significantly. Upon examination, there was moderate discomfort with palpation of the mid lumbar spine. The patient had a normal gait and was status post lumbar discectomy. Prior therapy included surgery. The provider recommended a transforaminal lumbar interbody fusion at the L5-S1 level. The rationale was not provided. The Request for Authorization form was dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (Spinal)

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

Decision rationale: The request for transforaminal lumbar interbody fusion at L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 2 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 of other long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis, compared with natural history, placebo, or conservative treatment. The clinical notes state that the patient has a normal alignment with no fracture, spondylolisthesis, or pars defect. There is no information on previous courses of conservative treatment that the patient underwent and the efficacy of those treatments. There is also no instability noted upon physical exam, no evidence of activity limitation, progressing lower leg symptoms, or objective signs of neuro compromise noted. As such, the request is not medically necessary.

Associated surgical service: 3 day length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital length of stay (LOS)

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

Decision rationale: As the requested surgical intervention was not medically necessary, the associated request is also not medically necessary.

Associated surgical service: Assistant PA-C: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/ Blue Shield North Carolina, Corporate Medical Policy

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

Decision rationale: As the requested surgical intervention was not medically necessary, the associated request is also not medically necessary.

Associated surgical service: Aspen LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Back Brace, post-operative (fusion)

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

Decision rationale: As the requested surgical intervention was not medically necessary, the associated request is also not medically necessary.