

Case Number:	CM14-0204534		
Date Assigned:	12/16/2014	Date of Injury:	11/29/2010
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

27 year old male claimant with an industrial injury dated 11/29/10. Conservative treatments include 21 physical therapy sessions. X-rays reveal anterolisthesis of L5-S1 measuring only 3-4mm. EMG/NCVS dated 01/28/14 reveals chronic left L4 radiculopathy and soft findings for left S1 radiculopathy. Exam note 08/12/14 states the patient returns with back pain. The patient explains that he has difficulty with daily activities, standing, walking, and climbing stairs. Upon physical exam the patient demonstrated restlessness when switching from a seated to standing position. There was evidence of tenderness along the midline from L2-3 to the sacrum, along with the left sciatic notch but not over the left trochanteric bursa. The patient revealed weakness in both the lower extremities and muscle strength was noted as 4/5 in the hip flexors, quadriceps, and hamstrings. There were no atrophic skin changes noted in the lower extremity. The patient completed a straight leg raise test equivocal bilaterally. Diagnosis is noted as multilevel degenerative disc disease and facet arthropathy from L2-3 to L5-S1, along with severe obesity, failed lumbar decompression and disc excision at L4-5, and lumbar radiculopathy. Treatment includes a multilevel lumbar fusion with grafting and instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression and fusion L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Fusion

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

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, the exam note of 8/12/14 demonstrates lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion. Therefore, the request for lumbar fusion is not medically necessary.

Assistant surgeon: 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.

3-4 Day inpatient 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.