

Case Number:	CM14-0207068		
Date Assigned:	12/19/2014	Date of Injury:	08/11/2003
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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: Texas

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:

The patient is a 65-year-old male who reported an injury on 08/11/2003. The mechanism of injury was not provided. On 12/05/2014, the patient presented with low back pain with radiation into the bilateral legs, left greater than right. He was noted to have undergone course of physical therapy and aquatic therapy with only moderate benefits. The patient completed 6 out of 12 chiropractic therapy sessions and did not proceed with the remaining sessions given the lack of benefits. Upon examination, the patient had complaints of memory loss and numbness. There was tenderness to palpation to the lower back from the L3 to L5 level. There was a well healed lumbar laminectomy surgical scar noted. The patient had a positive bilateral straight leg raise with reproduction of pain into the lateral calves and feet in both seated and supine positions. There was decreased sensation to pin prick to the left L5 and S1 distributions and right L5-S1 distributions. The patient had an antalgic gait with weightbearing favored on the right side, and he was able to ambulate without the use of a cane. Current medications included Ultracet tablets. A diagnosis for lumbar disc displacement without myelopathy, post laminectomy syndrome, sciatica and stenosis of the lumbar spine. The provider recommended an L2-3, L3-4 decompression and posterior fusion at L4-5. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3, L3-L4 Decompression and posterior fusion at L4-L5: 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, Low Back Chapter, Fusion (spinal)

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

Decision rationale: The request for L2-3, L3-4 decompression and posterior fusion at L4-5 is not medically necessary. The California MTUS/ACOEM Guidelines state that spinal 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, and conservative treatment. There is a lack of documentation of instability noted on physical examination and corroborated with imaging studies of more than 4.5 mm. Also, more research is needed to support the use of a fusion. As such, medical necessity has not been established.