

Case Number:	CM14-0067224		
Date Assigned:	07/11/2014	Date of Injury:	09/24/2013
Decision Date:	04/09/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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:

The injured worker (IW) is a 48-year-old male who sustained an industrial injury on 09/24/2013. He has reported left-sided low back pain with radicular symptoms on the left lower extremity. Diagnoses include lumbar radiculopathy and lumbar disc disease with annular tear. Treatment to date includes chiropractic therapy, which caused pain, and medications including Nabumetone 750 mg tablets, one tablet twice daily with food, Tramadol 50 mg twice daily as needed for breakthrough pain and cyclobenzaprine one to three tablets daily for acute muscle spasms (not to be taken daily). A progress note from the treating provider dated 03/18/2014 indicates the IW had 2+ lumbar paraspinous muscle spasm and was tender to palpation along those muscles. He is tender to palpation of the left sciatic notch. He had normal range of motion in the lumbar spine with normal deep tendon reflexes. Sensation was decreased to light touch and pinprick in the L5 dermatome on the left. Motor strength in the right was normal and on the left was slightly diminished. He has positive straight leg raise sign on the left at 45 degrees. A MRI of 10/14/2013 revealed two herniated discs at L4-5 and L5-S1 levels. A 7mm herniated with posterior osteophytes at L4-5 causing spinal canal narrowing. At L5-S1 there is a 5mm disc bulge slightly on the left side with severe left neural foraminal narrowing. An epidural injection provided some relief, and then a second injection from a different doctor had no relief. The plan is for continuation of oral medications, and request authorization for a two stage procedure, an anterior lumbar interbody fusion at L4-5 and L5 S1, with a second stage of posterior lumbar laminectomy and instrumentation and fusion from L4 to the sacrum. On 04/16/2014, Utilization Review non-certified a request for Anterior Lumbar Interbody Fusion at L4-L5 and L5-S1. The

ACOEM Guidelines were cited. On 04/16/2014 Utilization Review non-certified a request for Posterior Lumbar Laminectomy and Instrumentation and Fusion from L4 to Sacrum. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Laminectomy and Instrumentation and Fusion from L4 to Sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic.

MAXIMUS 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, 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 as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 3/18/14 to warrant fusion. Therefore, the determination is non-certification for lumbar fusion.

Anterior Lumbar Interbody Fusion at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter-Low Back- Lumbar & Thoracic.

MAXIMUS 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, 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 as there is no evidence of segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 3/18/14 to warrant fusion. Therefore, the determination is non-certification for lumbar fusion.