MAXIMUS Federal Services

Case Number:	CM15-0003294		
Date Assigned:	01/15/2015	Date of Injury:	12/16/2013
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/07/2015

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 is a 31 year old male, who sustained an industrial injury on 12/16/2013, after a motor vehicle accident. He has reported back, neck, shoulder, left wrist, and neck pain. The diagnoses have included other and unspecified disc disorder of lumbar region, unspecified thoracic or lumbosacral neuritis or radiculitis, acquired spondylolisthesis, and lumbar region sprain. Treatment to date has included conservative measures. X-rays of the lumbar spine, dated 4/07/2014, noted grade 1 anterolisthesis at L5-S1, with the possibility of bilateral spondylolysis. A magnetic resonance imaging of the lumbar spine, dated 4/30/2014, noted L5-S1 disc desiccation with a 4-5mm Grade 1 spondylolisthesis, with biforaminal stenosis. Exam note 10/2/14 demonstrates the injured worker complains of ongoing low back pain with radiation to bilateral lower extremities. Ongoing numbness and tingling was reported to bilateral lower extremities. He was scheduled for a lumbar epidural injection but cancelled it due to his diabetes. He did not want to risk his health by elevating his blood glucose level. Physical exam noted decreased range of motion of the lumbar spine. Straight leg test was positive bilaterally. Surgical authorization was requested. On 12/23/2014, Utilization Review non-certified a request for lumbar decompression and fusion with instrumentation at L5-S1, citing MTUS/ACOEM/Official Disability Guidelines, and an inpatient stay (length of stay unknown), citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression and fusion with instrumentation at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index 12th Edition, 2014, Low Back-Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation 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 severe psychiatric clearance from the exam note of 10/2/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

In Patient stay LOS Unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Low Back, Hospital Length of Stay (LOS)

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.