

Case Number:	CM15-0003326		
Date Assigned:	01/14/2015	Date of Injury:	11/07/2013
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
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: Minnesota, Florida
 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:

This 27 year old man sustained an industrial injury on 11/7/2013 to the left hip, knee, shoulder, and back while shoveling asphalt when a co-worker hit him with a dump trailer while backing up. Current diagnoses include back pain and sciatica. Treatment has included oral medications, physical therapy, neurosurgical consultation, and TENS unit. Requests for epidural steroid injection, facet injection, and CT scan were denied. Neurosurgical notes dated 10/14/2014 show recommendations for L5-S1 fusion with pedicle screw fixation in the future, however, would like to start with epidural steroid injections. He has requested to obtain working copies of radiologic exams, epidural steroid injections (as previously ordered), bilateral L5-S1 facet blocks, continue oral medications, continue light work out and exercise, follow up in three months and a CT scan of the lumbar spine. Follow up notes dated 12/9/2014 show a collapsed L5-S1 space. The physician states that all of the other requests have been denied and is requesting to proceed with the indicated surgical procedure. A request for authorization was submitted on 12/15/2014. On 12/24/2014, Utilization Review evaluated a prescription for L5-S1 decompression and transforaminal lumbar interbody fusion. The UR physician noted that there is no indication for the fusion and no instability. The MTUS, ACOEM Guidelines, (or ODG) was cited. the request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 decompression and transforaminal lumbar interbody fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: The objective MRIs report pertaining to the lumbosacral spine has not been submitted. However, the progress notes indicate a right paracentral disc protrusion at L5-S1 compressing the traversing right S1 nerve root and chronic changes with spur formation displacing/compressing exiting right and left L5 nerve roots. The request is for L5-S1 decompression and transforaminal lumbar interbody fusion. Flexion/extension films of the lumbar spine dated 11/5/2014 did not show any evidence of instability. California MTUS guidelines indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for a fusion. However, 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, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Based upon the California MTUS guidelines in the absence of instability on the flexion/extension x-rays of 11/5/2014 and in the absence of fracture, dislocation, complications of tumor, or infection, a spinal fusion is not supported by guidelines and as such, the medical necessity of the request is not substantiated.