

Case Number:	CM15-0005021		
Date Assigned:	01/16/2015	Date of Injury:	07/30/1998
Decision Date:	04/21/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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 56-year-old female, who sustained an industrial injury on 07/30/1998. The injured worker sustained a fall at work with subsequent complaints of radicular low back pain. She was diagnosed with neck pain, spondylolisthesis of the lumbar region, back pain that radiates to the bilateral lower extremities, and lumbar stenosis. Treatment and diagnostic studies to date has included an oral medication regimen, bone scan, and magnetic resonance imaging. Currently, the injured worker complains of low back pain that radiates to the bilateral lower extremities with a pain rating of an eight to nine out of ten, cramps to the feet and calves, lower extremity weakness, and neck pain with numbness and tingling to the hands. Exam note on 10/29/14 demonstrates severe low back and leg pain. Examination demonstrated that symptoms were unchanged and exam was normal. The treating physician requested anterior lumbar interbody fusion lumbar five to sacral one, posterior translaminar interbody fusion at lumbar three to four and lumbar four to five, and 5 day inpatient hospital length of stay however the documentation provided did not indicate a reason for the requested procedures. On 12/11/2014, Utilization Review non-certified the requested treatments of anterior lumbar interbody fusion lumbar five to sacral one, posterior translaminar interbody fusion at lumbar three to four and lumbar four to five, and 5 day inpatient hospital length of stay, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 states 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 failed nonsurgical management or psychiatric clearance from the exam note of 10/29/14 to warrant fusion. Therefore, the determination is non-certification for anterior lumbar fusion.

Posterior Translaminar Interbody Fusion at L3-4, L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: 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 failed nonsurgical management or psychiatric clearance from the exam note of 10/29/14 to warrant fusion. Therefore, the determination is non-certification for posterior lumbar fusion.

5 Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of stay.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.