

Case Number:	CM15-0006641		
Date Assigned:	01/21/2015	Date of Injury:	09/28/2007
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/12/2015

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 42 year old male, who sustained an industrial injury on 09/28/2007. The diagnoses have included lumbosacral discogenic disease, right knee patellofemoral arthritis, and left knee overuse. Treatments to date have included chiropractic and massage therapy, epidural steroid injections, and medications. Diagnostics to date have included MRI lumbar spine on 10/15/2014 which showed moderate degenerative endplate changes, moderate disc desiccation and mild disc space narrowing, a 3mm broad-based posterior disc bulge, mild spinal stenosis, and mild bilateral lateral recess and neural foraminal narrowing. In a progress note dated 11/20/2014, the injured worker presented with complaints of mild pain the back of the neck and shoulders, sharp pain in the upper, middle, and lower back and in the knees. The treating physician reported the lack of response to extensive non-surgical care with motor and sensory deficit. The physician recommended to perform decompression of the lumbar spine at L4-S1 and stabilization of the lumbar spine given the presence of severe degenerative disk disease, disc collapse and instability. Utilization Review determination on 01/08/2015 non-certified the request for Decompression Lumbar Laminectomy and Discectomy of the Lumbar Spine at L4-S1 and Stabilization of the Lumbar Spine and Pre-operative Clearance citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One decompression-lumbar laminectomy & discectomy of the lumbar spine at L4-S1 and stabilization of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Chronic Pain Treatment Guidelines Spinal Fusion. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Low back, Spinal 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 segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 11/20/14 to warrant laminectomy and discectomy with stabilization of the lumbar spine. Therefore the determination is non-certification for lumbar fusion.

One pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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