

Case Number:	CM15-0007632		
Date Assigned:	01/26/2015	Date of Injury:	09/05/1995
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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 (IW) is a 62 year old who sustained an industrial injury on 09/05/1995. He has reported ongoing low back pain. The diagnoses have included degenerative disc disease (DDD) of the lumbar spine with facet arthropathy and retrolisthesis at L1-2, L2-3, and L3-4, Lumbar radiculopathy, moderate canal stenosis, DDD of the cervical spine with facet arthropathy, and chronic L1 compression fracture. Treatment to date has included epidural steroid injections, oral pain medication, pain management, and home exercise. Currently, the IW complains of ongoing low back pain that is worsening. He complains of weakness in the legs and falling. An additional complaint is that of numbness in his bilateral feet into all toes and a pins and needles sensation from the back over the thighs. He has difficulty sitting and standing for long periods of time without position changes and complains of interruptions of his sleep secondary to low back pain. Exam note 12/8/14 demonstrates worsening symptoms. Exam demonstrates an antalgic gait with 4/5 strength in the right tibialis anterior with decreased sensation in the bilateral L4-S1 dermatomes. A CT scan of the lumbar spine done in December 2014 and an abnormal EMG/NCS (electromyogram/nerve conduction study) of the bilateral lower extremities in July 2014 were reviewed in the last visit. Intervention of a Lumbar posterior fusion and possible Transforaminal Interlumbar Fusion was planned. On 12/24/2014 Utilization Review non-certified a request for Lumbar posterior fusion at L3-4 and hardware removal at L4-S1 and possible TILF, noting the clinical findings did not appear to support the medical necessity of the treatment as the IW showed no evidence of instability in the lumbar spine which would warrant a stabilization procedure. Also there was no indication of hardware

failure to warrant removal or evidence that the hardware was a pain generator. The MTUS, ACOEM Guidelines, Chapter 12 Low Back Complaints were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar posterior fusion at L3-4 and hardware removal at L4-S1 and possible TILF:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 & 310.

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 12/8/14 to warrant fusion and hardware removal of L4-S1 with possible transforaminal lumbar fusion. Therefore the determination is non-certification for lumbar fusion.