

Case Number:	CM15-0100132		
Date Assigned:	06/02/2015	Date of Injury:	12/08/2011
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, Oregon
 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 64 year old male, who sustained an industrial injury on 12/08/2011. He reported developing low back pain after completing repair work. Diagnoses include status post laminectomy with longstanding severe chronic degenerative disc disease. Treatments to date include activity modification, medication management, physical therapy, and epidural injections. Currently, he complained of no improvement in low back pain. The pain radiates to the left lower extremity and bilateral lower extremity burning sensations. On 4/10/15, the physical examination documented tenderness in the lumbar spine with marked restriction of motion. The plan of care included an anterior and posterior lumbar fusion from L2-sacrum and one week inpatient hospitalization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete lumbar fusion, anterior and posterior, from L2-sacrum per 4/10/15 order, Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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 symptoms. 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 on the imaging of 4/10/15 to warrant fusion. Therefore the determination is not medically necessary.

Inpatient hospital days, per 4/10/15 order, Qty: 7.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.