

Case Number:	CM15-0018730		
Date Assigned:	02/06/2015	Date of Injury:	07/01/2009
Decision Date:	04/07/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	02/02/2015

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 45 year old male, who sustained an industrial injury on 7/1/09. He has reported back injury after lifting large metal plates to weld. The diagnoses have included lumbosacral radiculopathy, intervertebral disc disorder, cervical strain/sprain and depression. Treatment to date has included medications, diagnostics, Epidural Steroid Injection (ESI) and conservative measures. Exam 12/8/14 demonstrates that the injured worker complains of lumbar pain and depression with anxiety. Physical exam revealed decreased range of motion of the lumbar spine, numbness noted on the left leg with pain. There was spasm and tenderness noted also. He appeared depressed. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 1/26/13 revealed desiccation and protrusion, and bilateral foraminal narrowing. The injured worker has had extensive conservative measures including Epidural Steroid Injection (ESI) but has failed to obtain good improvement and continues to have significant pain. The plan was for surgical intervention. Work status was temporary total disability. On 12/26/14 Utilization Review non-certified a request for Microdecompression at L3-L4 QTY: 1.00, Microdecompression at L5-S1 QTY: 1.00 and Transforaminal Lumbar Interbody Fusion at L4-L5 level, noting that regarding the Microdecompression at L3-L4 QTY: 1.00, Microdecompression at L5-S1 QTY: 1.00, there were insufficient clinical findings to indicate medical necessity for the fusion as opposed to decompression alone and therefore, medical necessity was not demonstrated. Regarding the Transforaminal Lumbar Interbody Fusion at L4-L5 level, absent instability or anterolisthesis, lumbar fusion would not be considered as consistent with guideline recommendations when decompression is required, therefore medical

necessity was not established. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdecompression at L3-L4 QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Official Disability Guidelines: 12th edition, web, low back, 2014, Fusion Patient Selection Criteria for Lumbar Spinal Fusion: For chronic low back problems.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Laminectomy/discectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 12/8/14 documenting progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is for non-certification.

Microdecompression at L5-S1 QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 12/8/14 documenting progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is for non-certification.

Transforaminal Lumbar Interbody Fusion at L4-L5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307. Decision based on Non-MTUS Citation Official Disability

Guidelines: 12th edition, web, low back, 2014, Fusion Patient Selection Criteria for Lumbar Spinal Fusion: For chronic low back problems.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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. Therefore the determination is non-certification for lumbar fusion.