

Case Number:	CM15-0139820		
Date Assigned:	07/29/2015	Date of Injury:	05/30/2007
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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 52 year old female patient who sustained an industrial injury on May 30, 2007. At a pain follow up visit dated October 20, 2014 the patient had subjective complaint of chronic neck pain that radiates down the bilateral arms to the fingers with numbness and tingling. She did undergo a L3-4 lumbar fusion on March 10, 2004 with a 70% improvement in chronic low back pain and radicular symptom. She did complete a post-operative course of physical therapy; pending additional sessions. The patient reports increased pain with completion of therapy with a noted limp on the left leg and recent onset falls. She reports having some difficulty keeping topical patches on; particularly the 25mcg. She reports taking up to 6 tablets of Norco for breakthrough pain. The Gralise is working with the neuropathic symptoms and she is not experiencing the weight gain that Lyrica was showing. Her constipation is noted improved with use of Amitiza, and Protonix helping with gastric issue. Occasionally she reports taking Motrin for severe pain. She continues with psychiatric follow up and prescribed: Xanax, and Ambien CR. The following diagnoses were applied: chronic neck pain, status post fusion and revisions; cervical radiculopathy; thoracic degenerative disc disease; low back pain, lumbar herniated nucleus pulposus at L3-4 deflecting left L3 nerve root; status post lumbar fusion at L3-4 on March 29, 2004, and borderline carpal tunnel and cubital tunnel syndrome, bilaterally. She is to continue utilizing, medications, transcutaneous nerve stimulator unit, follow up with specialists, and noted prescribed Flexeril and additional therapy sessions. A radiographic study dated March 09, 2015 revealed a magnetic resonance imaging study of the lumbar spine showed post-surgical changes at L4-5, and interval progression of disease at L3-4 with redemonstration of

probable impingement of the left exiting L3 nerve root. A recent follow up visit dated June 23, 2015 noted the impression of chronic, moderate to severe low back pain with constant left leg pain following the L4 distribution; left quadriceps weakness; adjacent level disease, L3-4, and status post L4-5 lumbar decompression with interbody and instrumented fusion. The plan of care noted proceeding forth with surgery consisting of a L3-4 anterior, posterior lumbar decompression with instrumentation and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 anterior/posterior lumbar decompression and interbody & instrumented fusion:

Upheld

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

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, severe stenosis or psychiatric clearance from the exam note of 6/23/15 to warrant fusion. Therefore the request is not medically necessary.

Inter-operative spinal cord monitoring: Upheld

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

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

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

Associated Service: Inpatient stay (3 days): Upheld

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

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

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

Associated Service: Assistant Surgeon: Upheld

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

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

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