

Case Number:	CM15-0147423		
Date Assigned:	08/10/2015	Date of Injury:	09/29/2004
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: Montana, Oregon, Idaho
 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 56-year-old male, who sustained an industrial injury on 9-29-2004. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy and mood disorder. Currently, he complained of pain in the low back and bilateral sacroiliac joints with radiation up into the base of the neck and down into bilateral extremities. On 7-2-15, the physical examination documented tenderness to lumbar muscles, decreased range of motion secondary to pain and stiffness, and a bilaterally positive straight leg raise test. The sacroiliac joints were tender with positive Patrick's and Fabere's tests noted. There was decreased sensation in bilateral lower extremities. The plan of care included posterior lumbar interbody fusion with pedicle screw and sacroiliac joint fixation and arthrodesis at the L4-L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion with pedicle screw and sacroiliac joint fixation and arthrodesis at the L4/L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015 Hip and Pelvis, Sacroiliac Joint Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 a lack of imaging reports demonstrating evidence of segmental instability greater than 4.5 mm, severe stenosis nor is there record of psychiatric clearance from the exam notes of 3/23/15 and 7/2/15 to warrant fusion. In addition, there is no specific documentation of failure of physical therapy and non-operative treatment modalities. Therefore, the request for posterior lumbar fusion is not medically necessary.