MAXIMUS Federal Services

Case Number:	CM15-0147605		
Date Assigned:	08/10/2015	Date of Injury:	09/26/2012
Decision Date:	09/16/2015	UR Denial Date:	06/29/2015
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: California, Oregon, Washington
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 53-year-old female who sustained an industrial injury on 09-26-2012. Diagnoses include lumbar disc herniation; lumbar spinal stenosis; annular tear of lumbar disc L3-4; degenerative disc disease (DDD), lumbar L5-S1; facet arthritis of the lumbar region; low back pain; displacement of lumbar intervertebral disc without myelopathy; and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medications, physical therapy, lumbar epidural steroid injections (LESI), TENS unit, activity modification and home exercise. LESI pain relief lasted less than 30 days. According to the progress notes dated 6-2-2015, the IW reported stabbing low back pain, greater on the left, with burning in her thighs and numbness posteriorly down her thighs. She rated her pain 8-9 out of 10 without medications and 2-3 out of 10 with them. Her TENS was also helpful, allowing for better sleep; she was using it daily. On examination, lower extremity strength was 4+ over 5; sensation was decreased over the L5-S1 dermatome bilaterally; and no clonus or increased tone was noted. Reflexes were 1+ and symmetric. Babinski's sign was negative. There was tenderness over the lumbar paraspinal muscles and increased pain with flexion and extension. Straight leg raise was positive bilaterally. MRI of the lumbar spine on 3-16-2015 showed a 1-2 mm midline disc bulge at L3-4 and evidence of an annular tear with no foraminal or spinal stenosis; a 3-4 mm central disc protrusion impinging upon and deforming the thecal sac at L4-5 with an additional 2-3 mm component extending into both neural foraminal exit zones with resulting compromise and spinal stenosis; and facet hypertrophy with a 2-3 mm disc protrusion at L5-S1 resulting in moderate right and mild left neural foraminal exit zone compromise without spinal stenosis. A request was made for posterior and anterior L3-S1 fusion and decompression, a bone stimulator purchase, lumbar back brace and a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior and anterior L3-S1 fusion an decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 306 and 307.

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 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 5/6/15 to warrant fusion. Therefore, the determination is not medically necessary for lumbar fusion.

Associates surgical services; Bone simulator: 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.

Associates surgical services; Lumbar back brace: 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.

Associates surgical services; Cane: 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.