

Case Number:	CM15-0161930		
Date Assigned:	09/09/2015	Date of Injury:	07/09/2013
Decision Date:	10/28/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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 44 year old male, who sustained an industrial-work injury on 7-9-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease with herniation L4-5, facet arthropathy, milder disc disease at L5-S, and bilateral lumbar radiculopathy, right more severe than the left. Medical records dated (1-22-15 to 7-21-15) indicate that the injured worker is getting progressively worse with low back pain as well as with pain, numbness and tingling in the bilateral lower extremities (BLE). Medical records dated 3-16-15 to 3-23-15 indicate low back pain rated 4-10 out of 10 on the pain scale. It is noted that the injured worker is very unhappy with his ongoing symptoms and wishes to consider surgery. Per the treating physician report dated 7-21-15, the employee remains temporary totally disabled for 6 weeks. The physical exam dated from 96-16-15 to 7-21-15) reveals lumbar tenderness and pain with range of motion, positive bilateral straight leg raise at 60 degrees seated, which reproduces buttock, thigh and calf pain. There is decreased strength with bilateral tibialis anterior, which is 4+ out of 5. There is also decreased sensation of the dorsal aspect of the bilateral feet. Treatment to date has included pain medication, physical therapy at least 55 sessions, Functional Capacity Evaluation (FCE), physical capabilities assessment, sacroiliac injections 7-18-14 and 11-21-14, orthopedic consultation, pain psychologist, other modalities and home exercise program (HEP). Magnetic resonance imaging (MRI) of the lumbar spine dated 11-10-13 reveals small disc bulge at L4-5 and L5-S1 without significant interval change compared to the prior Magnetic Resonance Imaging (MRI) of the lumbar spine dated 5-11-07. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6-6-15 reveals disc

protrusion at L1-2, disc bulge L3-4, broad based posterior disc bulge L4-5, mild central canal stenosis, and mild to moderate degenerative disc disease (DDD). The original Utilization review dated 8-5-15 denied a request for L4-5 Anterior lumbar discectomy and fusion, allograft-plate fixation, and posterior lumbar decompression fusion, Pre-op labs CBC, Pre-op labs, PT-PTT, Pre-op labs BHP, Pre-op labs UAPC, Pre-op labs MRSA, Pre-op Electrocardiogram (EKG) and Pre-op Chest x-ray as there is no documentation that the injured worker has had physical therapy for the lumbar spine and there is no moderate to severe muscle weakness. There is no documentation of chiropractic, psychological screening or back school. There is no documentation as to the medical necessity for both anterior and posterior fusion as there is no documented spondylolisthesis, fractures, dislocations, instability or infections or other diagnoses that would support lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Anterior lumbar discectomy and fusion, allograft/plate fixation, and posterior lumbar decompression fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG, Low back, Lumbar 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 7/21/15 to warrant fusion. Therefore the determination is not medically necessary for lumbar fusion.

Pre-op labs, CBC: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, PT/PTT: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, BHP: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, UAPC: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, MRSA: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op EKG: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Chest x-ray: 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, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.