

Case Number:	CM15-0169581		
Date Assigned:	09/10/2015	Date of Injury:	03/02/2011
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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(n) 50 year old male, who sustained an industrial injury on 3-2-11. The injured worker was diagnosed as having chronic lumbago, status post L4-L5 laminectomy, L4-L5 disc degeneration, L4-L5 facet arthropathy and intermittent right leg radiculopathy. Medical records (4-21-15 through 6-11-15) indicated 3-4 out of 10 pain with medications and 7 out of 10 pain without medications. The physical exam (5-19-15 through 6-9-15) revealed a positive straight leg raise test on the right, tenderness and guarding in the lumbar paraspinal muscles and a normal gait. Treatment to date has included physical therapy, acupuncture, a lumbar epidural injection, an L5 selective nerve root block with relief to his legs and not his back, Ambien and Norco. As of the PR2 dated 7-22-15, the injured worker reports ongoing lower back pain. He rates his pain 3 out of 10 with medications and 7-8 out of 10 without medications. Objective findings include a normal gait, palpable tenderness over the L4-L5 region and a positive straight leg raise test on the right at 80 degrees. The treating physician noted that light touch and pinprick sensory were intact in the bilateral lower extremities. The treating physician requested an L4-5 anterior lumbar interbody fusion with cage and instrumentation and L4-5 posterior spinal instrumentation and fusion with intraoperative spinal cord monitor, physiotherapy 3 x weekly for 6 weeks, an x-ray (unspecified), an LSO brace (purchase), a pneumatic intermittent compression device (purchase) and medical clearance. On 8-5-15 the treating physician requested a Utilization Review for an L4-5 anterior lumbar interbody fusion with cage and instrumentation and L4-5 posterior spinal instrumentation and fusion with intraoperative spinal cord monitor, physiotherapy 3 x weekly for 6 weeks, an x-ray (unspecified), an LSO brace (purchase), a

pneumatic intermittent compression device (purchase) and medical clearance. The Utilization Review dated 8-12-15, non-certified the request for an L4-5 anterior lumbar interbody fusion with cage and instrumentation and L4-5 posterior spinal instrumentation and fusion with intraoperative spinal cord monitor, physiotherapy 3 x weekly for 6 weeks, an x-ray (unspecified), an LSO brace (purchase), a pneumatic intermittent compression device (purchase) and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 anterior lumbar interbody fusion with cage and instrumentation and L4-5 posterior spinal instrumentation and fusion with intraoperative spinal cord monitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, pages 382-383.

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 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 notes to warrant fusion. Therefore, the request is not medically necessary.

Associated surgical services: Physiotherapy 3 times a week times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Associated surgical services: X-ray (unspecified): Upheld

Associated surgical services: X-ray (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

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

Associated surgical services: LSO brace (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

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

Associated surgical services: Pneumatic intermittent compression device (Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) leg.

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

Associated surgical services: Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

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

