

Case Number:	CM15-0186298		
Date Assigned:	09/28/2015	Date of Injury:	08/29/2013
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/22/2015

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 is a 27 year old male, who sustained an industrial injury on 8-29-13. Current diagnosis or physician impression is lumbar radiculopathy. His work status is modified duty; however, if the employer cannot accommodate modified duty then he will be deemed temporary total disability. A note dated 7-22-15 reveals the injured worker presented with complaints of low back pain that radiates to his buttocks bilaterally. A physical examination, of the lumbar spine, dated 7-22-15 revealed tenderness to palpation over the paraspinal musculature. His range of motion is within normal limits, sensation is diminished over the bilateral L5 dermatomes and there is no tenderness to palpation noted over the spinous processes. Treatment to date has included "anti-inflammatories" and physical therapy provided minimal improvement per physician note dated 7-22-15. An MRI dated 7-29-15 revealed broad based disc protrusions of 2mm-3mm at L3-L4, L4-L5 and L5-S1. A request for authorization dated 8-12-15 for a lumbar fusion at L4-S1 is non-certified, per Utilization Review letter dated 8-19-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Fusion at The L4-S1 Level: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Fusion (spinal).

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 7/22/15 to warrant fusion. Therefore the determination is non-certification for lumbar fusion. The request is not medically necessary.