

Case Number:	CM15-0186525		
Date Assigned:	09/28/2015	Date of Injury:	03/31/2011
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
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 50 year old female, who sustained an industrial injury on 3-31-2011. The injured worker was diagnosed as having lumbago, lumbosacral spondylosis, and lumbosacral neuritis, not otherwise specified. Treatment to date has included diagnostics, physical therapy, epidural steroid injections, and medications. Currently (9-02-2015), the injured worker complains of "more pain neck and back since her medications are being tapered". She reported having difficulty with activities of daily living, including self-care, bathing, cooking, and chores. She rated pain 7 out of 10 (unchanged from exam on 7-07-2015) and reported that current medications and treatments afforded temporary decrease in symptoms. Medications included Norco, Tizanidine, and Trazadone. Physical exam of the lumbar spine noted range of motion "decreased throughout the LS spine in all planes due to pain", "moderate to severe" tenderness to palpation throughout the lumbosacral spine and paraspinals, with paralumbar muscle spasms. Positive straight leg raising was documented but laterality was not specified. Motor strength exam noted "decreased strength, distal upper and lower extremities". Sensory exam noted decrease in the left L5-S1 distribution. Physical examination was unchanged from 7-07-2015. Magnetic resonance imaging of the lumbar spine (7-26-2013) showed multilevel degenerative changes of the lumbar spine, with a mild central canal stenosis at L4-5, with superimposed central protrusion-inferior extrusion, and multilevel variable foraminal stenosis, the worst being at L5-S1. The Qualified Medical Evaluation (8-13-2015) noted a recommendation for a multilevel fusion and-or discectomy, due to chronic and worsening lumbar pain. The progress report dated 8-26-2015 noted that she would be a candidate for an L4-5 laminectomy to address

her stenosis and bilateral lower extremity radiating pain, noting that it would likely have no effect on her ongoing back pain due to multilevel degenerative disc disease. Her work status was modified, total temporary disability if unavailable. The evaluating physician opined that her complaints would be better addressed through ongoing physical therapy, additional injections, as well as mild pain medications. The Request for Authorization dated 9-03-2015 was for posterior lumbar interbody surge fusion (PLIF- 3 level) and home assistance 3 times per week for 3 hours. On 9-15-2015 Utilization Review non-certified the requested surgery and home care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home assistance 3 times per week for 3 hours for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: CA MTUS/ACOEM is silent on the issue of home health services. According to the ODG Pain section, Home health services, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. " In this case the exam notes do not demonstrate the patient is homebound to require the utilization of home health services. Therefore the determination is for non-certification. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Posterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Low back-Lumbar and Thoracic (Acute and Chronic).

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 8/26/15 to warrant fusion. Therefore the determination is non-certification for lumbar fusion and therefore is not medically necessary.