

Case Number:	CM15-0186602		
Date Assigned:	09/28/2015	Date of Injury:	01/27/2014
Decision Date:	11/03/2015	UR Denial Date:	09/18/2015
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 48 year old male who sustained an industrial injury on 1-27-14. A review of the medical records indicates he is undergoing treatment for persistent and severe axial back pain with bilateral radiating leg pain - left worse than right, progressively worsening left lower extremity weakness and atrophy with concordantly abnormal nerve studies, flatback deformity with lordosis measuring 20 degrees on x-ray, and multilevel lumbar stenosis, central and foraminal - L3-S1 on current MRI (7-27-15). He also has diagnoses of spasm of muscle, lumbar degenerative disc disease, and knee pain. Medical records (7-27-15 to 8-25-15) indicate ongoing complaints for "severe distal lumbar pain with radiation to his bilateral lower extremities including burning pain into his anterior thighs, pain, numbness, and tingling in his calves and feet and progressive weakness and atrophy of the left lower extremity" (7-27-15). The physical exam (7-27-15) reveals a "slow and antalgic gait" and atrophy of the left calf compared to the right. The provider indicates dyesthesias into the anterior thighs and calf region bilaterally - worse on the left, as well as significant weakness of the left extensor hallucis longus muscle and a tibialis anterior, grade4-5. The right lower extremity is noted to have burning pain in the anterior thigh and numbness in the L5 and S1 distribution without atrophy or motor deficit. He is also noted to have "significant distal lumbar deep and superficial pain, worsened with hyperextension". Diminished range of motion in flexion is noted. Diagnostic studies have included MRIs of the lumbar spine on 1-28-14, 5-7-15, and 7-13-15, as well as EMG-NCV on 6-1-15. Treatment has included a lumbar epidural steroid injection, physical therapy, and medications. The requested treatment is for an L3-S1 posterior spinal instrumented fusion and

laminectomy with interbodies at L4-L5 and L5-S1 to restore foraminal height and lordosis. The utilization review (9-16-15) indicates denial of the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal instrumented fusion L3-S1, with interbodies L4-5, L5-S1: 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 7/27/15 and 8/23/15 to warrant fusion. Therefore the request is not medically necessary for lumbar fusion.