

Case Number:	CM15-0188277		
Date Assigned:	09/30/2015	Date of Injury:	10/24/2012
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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 52 year old female, who sustained an industrial injury on 10-24-2012. Medical records indicate the worker is undergoing treatment for lumbar 4-5 stenosis with radiculopathy. A recent progress report dated 8-19-2015, reported the injured worker complained of worsening symptoms of low back pain that radiates down her left leg with numbness, tingling and weakness. Physical examination revealed she was sitting with an extended thigh-rubbing it for comfort and 3 out of 5 strength in the left lower extremity. Lumbar magnetic resonance imaging from 4-17-2015 showed annular disc bulge at lumbar 4-5 with bilateral neuroforaminal stenosis. Treatment to date has included 4 sets of epidural steroid injections and Tramadol. On 8-26-2015, the Request for Authorization requested lumbar 4-5 posterior spinal fusion with instrumentation, lumbar 4-5 transforaminal lumbar interbody fusion, inpatient hospital stay for 3 days, preoperative labs, electrocardiogram and chest X ray, postoperative lumbar orthotic brace and postoperative inpatient stay at a skilled nursing facility for 7 days post lumbar surgery. On 9-2-2015, the Utilization Review noncertified the request for lumbar 4-5 posterior spinal fusion with instrumentation, lumbar 4-5 transforaminal lumbar interbody fusion, inpatient hospital stay for 3 days, preoperative labs, electrocardiogram and chest x ray, postoperative lumbar orthotic brace and postoperative inpatient stay at a skilled nursing facility for 7 days post lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 posterior spinal fusion with instrumentation, L4-L5 transforaminal lumbar interbody fusion: Upheld

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

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, Spinal 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 8/19/15 to warrant fusion. Therefore the request is not medically necessary for lumbar fusion.

Inpatient hospitalization x 3 days for lumbar spine surgery: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative labs, EKG, 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 cite any medical evidence for its decision.

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

postoperative LSO brace - to be dispensed by office: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

**Postoperative inpatient stay at skilled nursing facility x 7 days for lumbar spine surgery:
Upheld**

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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