

Case Number:	CM15-0190243		
Date Assigned:	10/02/2015	Date of Injury:	04/30/2004
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Minnesota, Florida

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 66 year old male, who sustained an industrial injury on 4-30-2004. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc. Treatment to date has included diagnostics, lumbar spinal surgery in 1983, and lumbar epidural steroid injection 7-15-2015. Currently (8-21-2015), the injured worker complains of chronic low back pain with disc herniation and injury, "going back to 1983 which required surgical intervention at that time", noting re-injury in 2004. It was documented by the treating physician that he was worked up in 2004 but did not require surgical intervention and has been managed conservatively non-operatively with epidural steroid injections and pain control. Current medication included Nabumetone. Physical exam noted painful range of motion, especially with extension, back and leg pain with straight leg raising. X-rays showed degenerative loss of disc height at L5-S1, and "significant degenerative changes at the L4-5 level and not just L5-S1 level". It was documented that epidural steroid injections "gave him some benefit" and asked what could be done "as a definitive procedure". An incomplete magnetic resonance imaging report of the lumbar spine was submitted. The treatment plan included lateral interbody fusion L3-L4, L4-L5, posterior decompression fusion, and a 3 day inpatient stay, non-certified by Utilization Review on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Interbody Fusion L3-L4, L4-L5, Posterior Decompression Fusion: 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 rationale: The injured worker is a 66-year-old male with a date of injury of 4/30/2004. He had undergone a laminectomy and discectomy at L5-S1 in 1983. Per examination of April 1, 2015 he was experiencing low back pain with associated pain in the leg that was not classical for radicular pain. On examination there was no sensory or motor deficit documented. He was able to walk on heels and toes. Deep tendon reflexes were symmetrical. Straight leg raising to 90 and was associated with complaints of back pain but no radicular pain. An MRI scan of the lumbar spine performed on 4/28/2015 documented multilevel spinal stenosis, most marked at L4-5. The AP diameter of the thecal sac was 5 mm at L3-4, 3.5 mm at L4-5 associated with marked narrowing of the neural foramina bilaterally. Despite the severe spinal stenosis there was no neurologic deficit documented. Furthermore, there was no instability documented. The request as stated is for a lateral interbody fusion at L3-4 and L4-5 with posterior decompression/fusion. This was noncertified by utilization review for lack of documentation of instability and absence of objective neurologic deficit. Electrophysiologic findings have not been submitted. California MTUS guidelines indicate laminectomy for spinal stenosis in the presence of moderate to severe symptoms and neurologic findings. The guidelines specify that surgery should not be based solely on the results of imaging studies. With respect to the request for spinal fusion, the guidelines indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. In light of the foregoing, the request for a lateral interbody fusion at L3-4 and L4-5 with posterior decompression/fusion is not supported by guidelines and the medical necessity of the request has not been substantiated.

3 days Inpatient Stay: 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.