

Case Number:	CM15-0193394		
Date Assigned:	10/07/2015	Date of Injury:	09/02/1997
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 43-year-old male, with a reported date of injury of 09-02-1997. The diagnoses include lumbar spine strain and sprain with radicular complaints, lumbar disc displacement, back pain, and sciatica. Treatments and evaluation to date have included acupuncture, Motrin, Tylenol, Tramadol, Naproxen, a course of three epidural steroid injections, and chiropractic treatment. The diagnostic studies to date have included electrodiagnostic studies on 06-09-2015 with normal findings. The orthopedic re-evaluation dated 09-03-2015 indicates that the injured worker continued to report constant, moderate low back pain, which was worse after walking or standing for 10 minutes. The objective findings (08-06-2015 to 09-03-2015) include tenderness to palpation about the paralumbar musculature and over the level of L5-S1 facets and right greater sciatic notch; restricted range of motion due to complaints of pain; muscle spasms; positive Lasègue's test on the left at 40 degrees; positive straight leg raise test on the left at 40 degrees; decreased sensation to light touch and pinprick on the L5-S1 dermatomes on the left; diminished bilateral reflexes; and diminished muscle strength on the L4 dermatome on the right. It was noted that an MRI of the lumbar spine on 03-18-2014 showed approximately 10mm left paracentral disc protrusion contributing to severe lateral recess stenosis and displacing at S1 nerve root. The treating physician recommended a transforaminal lumbar interbody fusion surgery at L5-S1 to include pedicle screws fixation because of failed conservative treatment. It was indicated that the injured worker would remain off work until 10/01/2015. The request for authorization was dated 09-03-2015. The treating physician requested a transforaminal lumbar interbody fusion at L5-S1 to include pedicle screw fixation and five associated services. On 09-

18-2015, Utilization Review (UR) non-certified the request for a transforaminal lumbar interbody fusion at L5-S1 to include pedicle screw fixation and five associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion (TLIF) at L5-S1 to include pedicle screw fixation:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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, 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 9/3/15 to warrant fusion. Therefore, the request is not medically necessary.

Associated surgical service: assistant surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 2-day hospital 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: bone growth stimulator (PCS): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative LSO (Lumbosacral Orthotic) brace: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.