

Case Number:	CM15-0196411		
Date Assigned:	10/12/2015	Date of Injury:	03/04/2015
Decision Date:	11/20/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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 30 -year-old female who sustained an industrial injury on 3-4-2015. Diagnosis is spondylolisthesis L5-S1 "not responsive to non-operative treatment," lumbar radiculitis, and stenosis. Diagnostic tests referenced include x-ray 7-29-2015 with no evidence of fracture, MRI 4-15-2015 showing grade 1 spondylolisthesis at L5-S1 and possible pars defect. Documented treatment includes physical therapy and acupuncture with no improvement noted. The treating physician noted that narcotics "make her sick." On 9-9-2015, the injured worker reported continued "severe" back and bilateral leg pain and the note states she "cannot tolerate this anymore." Objective examination noted lumbar spasms, positive straight leg raising for back, buttock and leg pain, numbness and tingling in L5-S1, and negative Faber. She had an orthopedic consultation 7-29-2015 where symptoms were described as "swelling, burning, stiffness, stabbing, warmth and numbness," and she was rating pain as 10 out of 10. Symptoms were reported to be worsened by activity, and improved by "no activity." Objective examination at that visit included range of motion as 60 degrees of flexion and 10 degrees extension. Straight leg raising at that visit was negative. The treating physician's plan of care includes anterior- posterior decompression and fusion L5-S1 with instrumentation and bone grafts performed anteriorly and posteriorly "to maximize the chance of fusion," and a vascular surgeon consult. This was denied on 9-24-2015 as being not medically necessary. Current work status: not working because no modified work is available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior posterior decompression and fusion at L5-S1 with instrumentation and bone graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Decompression, Discectomy.

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 states 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 psychiatric 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 7/29/15 to warrant fusion. Therefore, the request is not medically necessary for lumbar fusion.

Associated surgical service: Vascular surgeon consult: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.