

Case Number:	CM15-0196728		
Date Assigned:	10/12/2015	Date of Injury:	05/01/1975
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
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 78 year old male, who sustained an industrial injury on 5-1-1975. The injured worker is undergoing treatment for: lumbar spinal stenosis. On 6-25-15, he is reported as having increased problems with standing up straight, and is now reporting urinary incontinence. On 9-9-15, he reported low back pain. The provider noted he was concerned the injured worker was going into the kyphosis and is requesting an extreme lateral interbody fusion to restore lumbar lordosis at L2 and stabilize up to T11. He is noted to be worsening and having increased pain. He is reported as having weakness in both legs and having ability to only walk half a block. The treatment and diagnostic testing to date has included: magnetic resonance imaging (7-24-15) reported as revealing severe spinal stenosis at L2-3, L1-2 and moderate at T12-L1; lumbar x-rays (date unclear); electrodiagnostic studies reported as revealing chronic nerve denervation plus peripheral neuropathy; lumbar laminectomy and fusion (2-15-2008). Medications have included: Xarelto, gabapentin, nadolol, levothyroid, naispan, Lipitor, finasteroide, Flomax, androgel, ketoconazole, promoseb, flucinolone acetonide, triemcinolone acetonide, fish oil, and occuvit with lutein. Current work status: unclear. The request for authorization is for: one lumbar laminectomy at T11-L3 spinal fusion internal fixation and L2-L3 allograft; one extreme lateral interbody fusion and insertion biomechanical device at L2-L3; and one assistant surgeon. The UR dated 9-2-2015: modified the request for one lumbar laminectomy at T11-L3; non-certified the request for one extreme lateral interbody fusion and insertion biomechanical device at L2-L3; and certified the request for one assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy at T11-L3 spinal fusion internal fixation and L2-L3 allograft, extreme lateral interbody fusion and insertion bio-mechanical device at L2-L3: Upheld

Claims Administrator 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 - Lumbar and Thoracic (Acute and Chronic) Chapter.

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 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 6/25/15 to warrant fusion. Therefore, the request is not medically necessary.