

Case Number:	CM15-0198020		
Date Assigned:	10/13/2015	Date of Injury:	11/29/2010
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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 59 year old male who sustained an industrial injury on 11-29-10. The medical records indicate that the injured worker is being treated for lumbar stenosis with claudication; degenerative spondylolisthesis at L2-3; lumbar disc displacement; lumbago. He currently (9-1-15) complains of severe low back pain with heaviness and pain in the legs with standing or walking. On physical exam (9-3-15) of the lumbar spine there was decreased range of motion, pain in the paralumbar areas bilaterally. His pain level (5-15-15) was 7 out of 10. Diagnostics include MRI (3-2015) of the lumbar spine showing severe spinal stenosis at L2-3 and grade 1 spondylolisthesis due to severe facet arthropathy at that level. His treatments to date included activity modification; medications: anti-inflammatories, analgesics, muscle relaxants, he currently (9-1-15) uses Percocet alternating with Norco, Soma, Valium; physical therapy; epidural steroid injections (with significant but temporary relief). The 9-1-15 progress note indicates failure of conservative measures and given the intensity of the symptoms, surgery was recommended. The request for authorization dated 9-22-15 was for L2-3 bilateral decompressive laminectomies-facetectomies, L2-3 lumbar fusion non-segmental internal fixation. On 9-29-15 Utilization review non-certified the request for L2-3 lumbar fusion non-segmental internal fixation and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 Lumbar fusion non-segmental internal fixation: 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), Treatment Index, 13th Edition (web), 2015, Low Back, Fusion (spinal).

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

Decision rationale: California MTUS guidelines indicate spinal stenosis usually results from soft tissue and bony encroachment of the spinal canal and nerve roots. It has gradual onset and usually manifests as a degenerative process after age 50. The surgical treatment for spinal stenosis is usually complete laminectomy. Elderly patients with spinal stenosis who tolerate their daily activities usually do not require surgery unless there is bowel or bladder dysfunction. Surgery is rarely considered in the first 3 months after onset of symptoms, and a decision to proceed with surgery should not be based solely on the results of imaging studies. Some evidence suggests that patients with moderate to severe symptoms may benefit more from surgery than from conservative treatment. With respect to the spinal fusion, the guidelines indicate 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 this case there is no neurologic deficit documented. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of instability on flexion/extension films. The MRI scan shows mild narrowing of the neural foramina at L2-3 thereby indicating that a wide decompression is not necessary for correction of the neural foraminal stenosis at this level. As such no iatrogenic instability will be created from the laminectomy. In the absence of instability, a spinal fusion is not indicated. In light of the foregoing, the request for L2-3 fusion with non-segmental internal fixation is not supported and the medical necessity of the request has not been substantiated. The request is not medically necessary.

Associated surgical service: Inpatient x 2 day length of stay: 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), Treatment Index, 13th Edition (web), 2015, Low Back, Hospital length of stay (LOS).

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

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

