

Case Number:	CM15-0199995		
Date Assigned:	10/15/2015	Date of Injury:	10/11/2004
Decision Date:	11/30/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/12/2015

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 49 year old, female who sustained a work related injury on 10-11-04. A review of the medical records shows she is being treated for neck and low back pain. In the progress notes dated 8-6-15, the injured worker reports severe pain in her lower back with radiating pain and paresthesias down both legs, more on the right side. She reports "distinctive clicking" in her lower back with associated severe pain. On physical exam dated 8-6-15, she has decreased pinwheel sensation in lateral leg and top of foot of both legs, worse on the right. She has limited lumbar range of motion due to pain. She has straight leg raising that is positive to both legs. She has pain over both sacroiliac notches. Treatments have included lumbar epidural steroid injections without long term benefits and physical therapy. MRI of lumbar spine dated 6-16-15 reveals "at L4-5, there is slight anterolisthesis of L4 with a 3-4mm disc bulge, foraminal narrowing, lateral recess narrowing, and marked facet hypertrophy with fluid in the facet joints. At L5-S1, there is a small focus of edema in the right L5 pedicle. There is a 3mm disc bulge with foraminal narrowing and facet hypertrophy. At L3-4, there is a 3mm disc bulge with mild right foraminal narrowing and bilateral facet hypertrophy. At L2-3, there is a 2mm disc bulge, and at T10-11, a 2-3mm disc bulge. The conus medullaris appears intact. There is fibrovascular endplate change at L4-5 and L5-S1." No notation of working status. The treatment plan includes a request for lumbar spine surgery. In the Utilization Review dated 10-4-15, the requested treatments of lumbar spine surgery, postoperative aquatic therapy 3 x 6 and a lumbosacral orthosis (LSO) brace post surgery are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 TLIF (Transforaminal Discectomy & fusion): 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: 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 symptoms. 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 8/6/15 to warrant fusion. Therefore the determination is not medically necessary for lumbar fusion.

Associated surgical services: Post-op aquatic therapy 3 X 6: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: LSO back brace purchase: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.