

Case Number:	CM15-0020463		
Date Assigned:	02/10/2015	Date of Injury:	03/03/2010
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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:

This 49 year old male sustained an industrial injury on 3/3/10. He subsequently reports chronic low back pain. Diagnostic testing to date includes an MRI lumbar scan dated 1/15/15. Treatment to date has included physical therapy, injections and prescription pain medications. On 1/16/15, Utilization Review non-certified the request for Inpatient Surgery: L4-L5 Fusion with 3 day length of stay. The Inpatient Surgery: L4-L5 Fusion with 3 day length of stay was denied based on MTUS, ACOEM Low Back Complaints guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Surgery: L4-L5 Fusion with 3 day length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: California MTUS 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. The MRI scan of 1/5/2015 is reported to show 3 mm disc protrusion at L3-4, 2-3 mm disc protrusion at L4-5 and 3 mm disc protrusion at L5-S1 with bilateral neural foraminal narrowing at these 3 levels compromising the nerve roots. There is no evidence of instability documented. As such, the request for a spinal fusion at L4-5 with 3 day length of stay is not supported by guidelines and the medical necessity of the request is not substantiated.