

Case Number:	CM15-0217747		
Date Assigned:	11/09/2015	Date of Injury:	05/07/2013
Decision Date:	12/28/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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
 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 62 year old female who sustained an industrial injury on 5-7-13. A review of the medical records indicates she is undergoing treatment for symptomatic spondylolisthesis L3-4 and L4-5 with associated spinal stenosis. Medical records (7-25-15, 10-8-15, and 10-21-15) indicate complaints of low back pain that radiates to bilateral lower extremities with associated numbness and tingling. The records indicate that she is "only able to walk or stand" for short periods of time the 10-8-15 record indicating "about 10 minutes". Her pain is noted to be aggravated by "extension greater than flexion" and lateral rotation. Bilateral leg pain with numbness and tingling is noted with prolonged standing or walking. The treating provider indicates that her "symptoms have progressed to the point where they significantly affect her work and activities of daily living". The physical exam (10-8-15) reveals a "slight" antalgic lower extremity gait. On examination of the thoracolumbar spine, midline tenderness is noted at the mid and lower lumbar spine on palpation and percussion. Range of motion is noted to be limited. The straight leg raise test in sitting and supine positions is negative. Motor strength is noted to be "5 out of 5 throughout with the exception of 4 out of 5 right EHL and anterior tib". "Mild" weakness is noted of the left EHL. Decreased sensation is noted along the right L5 distribution. Diagnostic studies have included an MRI of the lumbar spine and upright x-rays of the lumbar spine. Treatment has included 2 sessions of physical therapy, which is noted to have aggravated her symptoms to the point that the injured worker felt that she could not continue with therapy. Treatment has also included activity modification and medications. Her medication list is not included in the medical records reviewed. The 7-25-15 record indicates

that her disability status is deferred to the primary treating provider, although recommends modified work activity. The treatment plan includes lumbar decompression and fusion at the L3-4 and L4-5 levels. The 10-21-15 record indicates that the injured worker has not undergone psychological screening "in order to identify any psychological barriers which may preclude post-operative recover". The utilization review (10-23-15) includes requests for authorization of pre-op medical clearance, a lumbar laminectomy with PLIF at L3-4, L4-5, in-patient stay for 2-3 days, one brace, and 12 post-operative physical therapy visits. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy with PLIF at L3-4, L4-5: 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) Laminectomy/Laminotomy (2015), Fusion, Spinal.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of psychiatric clearance from the exam note of 10/8/15 to warrant fusion. There is also lack of rationale why an adequate course of physical therapy cannot be performed. Therefore the request is not medically necessary for lumbar fusion.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Inpatient stay for 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy visits Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.