

Case Number:	CM15-0045970		
Date Assigned:	03/18/2015	Date of Injury:	07/05/2014
Decision Date:	04/23/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 51-year-old female injured worker suffered an industrial injury on 7/5/2014. The diagnoses were sciatica due to displaced lumbar disc, thoracic or lumbar radiculitis, scoliosis, and spinal stenosis. The diagnostic studies were hip magnetic resonance imaging, lumbar magnetic resonance imaging, and lumbar x-rays. The treatments were medications, lumbar discectomy and physical therapy. The treating provider reported low back pain 8/10, gluteal area and radiates into the anterior right thigh with difficulty walking along with weakness. The requested treatment was T12-S1 Tranforaminal translaminar lumbar interbody fusion. Utilization Review noncertified the request citing California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

T12-S1 Tranforaminal translaminar lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; AMA Guides to Evaluation of Permanent Impairment, Fifth Edition page 379.

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

Decision rationale: The injured worker is status post decompression L2-3 which seems to be the apex of the scoliosis. The x-rays of the lumbosacral spine dated January 20, 2015 revealed a moderate scoliosis with 4-5 mm retrolisthesis at L2-3 but there was no instability on the flexion/extension films. The MRI of the lumbar spine dated January 30, 2015 revealed a moderate scoliosis. At L2-3, there was loss of disc height, severe degenerative endplate changes on the right, osteophytes from L3 on the right causing severe right foraminal stenosis and there was also central canal stenosis noted. Facet arthritis was more on the right side. At L3-4, there was facet arthritis but the disc space was normal. At L4-5, there was severe loss of disc height. A disc/osteophyte complex was impinging on the thecal sac. Facet arthritis and severe bilateral neural foraminal stenosis was noted. At L5-S1, there was severe loss of disc height and posterior osteophyte formation. Utilization review noncertified the request for a transforaminal translaminar lumbar interbody fusion from T12-S1 using California MTUS guidelines, which do not recommend fusion unless there is a spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment, operated on. Although there is a retrolisthesis at L2-3, there was no instability on the flexion/extension films of January 20, 2015. As such, the guidelines do not support a lumbosacral fusion. The other levels do not have any evidence of instability or spondylolisthesis and fusion at those levels is not supported. Table 12-8 on page 310 indicates that spinal fusion is not recommended in the absence of fracture, dislocation, complications of tumor, or infection. The guidelines also indicate that lumbar fusion in patients with other types of low back pain very seldom cures the patient. As such, the request for a transforaminal translaminar lumbar interbody fusion from T12-S1 is not supported and the medical necessity of the request has not been substantiated.