

Case Number:	CM15-0083691		
Date Assigned:	05/05/2015	Date of Injury:	08/23/2012
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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 42 year old male, who sustained an industrial injury on 08/23/2012. Diagnoses included degenerative disc disease at L4-5, lower back pain and radiculopathy. According to a progress report dated 01/28/2015, the injured worker was seen in follow up after electrodiagnostic studies. Active problems included an acute upper respiratory infection, benign essential hypertension, disc degeneration lumbar, esophageal reflux and lower back pain. Medication regimen included Hydrochlorothiazide, Lisinopril, Meloxicam, Norco and Omeprazole. An MRI showed L4-5 degenerative disc disease with bilateral foraminal and central spinal stenosis. The injured worker had L4-5 positive findings with documented bilateral L5 radiculopathy. Treatment plan included L4-5 LLIF (Lateral Lumbar Interbody Fusion), lumbar x-rays and MRSA swabbing prior to the procedure. Treatment to date has included medications, MRI of the lumbar spine, electrodiagnostic testing, injections and physical therapy. Currently under review is the request for L4-5 LLIF (Lateral Lumbar Interbody Fusion) quantity 1 and MRSA swabbing quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral Lumbar Interbody Fusion (LLIF) at L4-5, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Contents, Treatments guidelines, 20th edition (2015 web), Low Back Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. 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 segmental instability greater than 4.5 mm, severe stenosis or psychiatric clearance from the exam note of 1/28/15 to warrant fusion. Therefore the determination is not medically necessary for lumbar fusion.

MRSA swabbing, QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Contents, Treatments guidelines, 20th edition (2015 web), Low Back Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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