

Case Number:	CM15-0085147		
Date Assigned:	05/07/2015	Date of Injury:	03/08/2011
Decision Date:	06/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, Oregon
 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 55-year-old man sustained an industrial injury on 3/8/2011. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI. Diagnoses include lumbosacral sprain/strain, lumbosacral discopathy with annular tear, left knee contusion, cervical spine sprain/strain with spondylosis and radiation to the bilateral shoulders, bilateral shoulder sprain/strain with presumed impingement, bilateral elbow sprain/strain, sleep disturbance, and tinnitus and hearing loss. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/11/2015 show complaints of low back pain. Recommendations include surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion, L4-L5-S1, Posterior Spinal Fusion L4-L5-S1 with Decompression with 3-5 days Inpatient stay and Assistant surgeon: 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) Treatment In Workers Comp. 13th Edition, 2015, Low Back , Chapter- Fusion, Length of Stay.

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.

Decision rationale: The ACOEM Guidelines states 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 psych diagnosis, and narcotic dependence. In this particular patient, there is no evidence of segmental instability greater than 4.5 mm or severe stenosis from the exam note of 2/11/15 to warrant fusion. Therefore, the request is not medically necessary.

Associated Surgical Services: Lumbar Brace: Upheld

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

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.

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