

Case Number:	CM15-0241574		
Date Assigned:	12/18/2015	Date of Injury:	09/24/2012
Decision Date:	01/22/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/11/2015

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: California, Oregon, Washington
 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 52 year old male, who sustained an industrial injury on 9-24-2012. According to physician documentation, the injured worker was diagnosed with lumbosacral neuritis. Subjective findings dated 10-15-2015 & 11-11-2015 were notable for increased back and leg symptoms following a percutaneous discectomy at the L4-L5 level (7-20-2015) with no relief of symptoms. Objective data dated 10-15-2015 & 11-11-2015 were notable for tenderness to palpation over the paraspinal musculature with 60 degrees flexion and 25 degrees extension and right and left bending and no tenderness over the spinous processes. On 9-25-2014, an MRI of the lumbar spine was performed revealing 2mm paracentral posterior disc protrusion effaces the ventral surface at the L3-4 (lumbar) level with severe foraminal stenosis and bilateral neural exiting nerve compromise. There is a 3-4mm broad based posterior disc protrusion and facet joint hypertrophy with bilateral exiting nerve root compromise. Treatments to date have included physical therapy, epidural injections, NSAID's and Tramadol. The Utilization Review determination dated 11-20-2015 did not certify treatment/service requested for L4-5(lumbar) decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 decompression and fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, Fusion, (spinal) Discectomy/laminectomy, Indications for surgery.

MAXIMUS 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, Fusion (spinal).

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints 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 psychiatric 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 10-15-2015 & 11-11-2015 to warrant fusion. Therefore, the proposed surgery is not medically necessary.