

Case Number:	CM13-0057324		
Date Assigned:	12/30/2013	Date of Injury:	06/30/2012
Decision Date:	03/10/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 injured worker is a 30 year-old female, who was injured on June 30, 2012, while performing regular work duties. The injured worker was breaking down pallets of dry produce, bent over and felt a pop in the lower back, resulting in pain of the lower back and numbness in both legs. An Agreed Medical Evaluation dated September 26, 2013, indicates a magnetic resonance imaging of the lumbar spine was completed on June 18, 2013, which revealed lumbar scoliosis and narrowing of the left S1 foramen with abnormal branching of the S1 nerve root. This magnetic resonance imaging report is not available for this review. A computed tomography scan of the lumbar spine completed on October 25, 2013, reveals asymmetric branching pattern of the S1 nerve roots, with the left S1 nerve root branching before the right is similar to a prior study, and no disc herniation or stenosis is seen. The records indicate the injured worker has received treatment including medications, chiropractic treatment, radiological imaging, multiple epidural steroid injections, physical therapy, and multiple lumbar facet blocks. The records indicate the injured worker had temporary relief of pain with the epidural steroid injections, and no significant relief with the lumbar facet blocks. The Utilization Review indicates the injured worker had reached maximum medical improvement and that an Agreed Medical Evaluation on September 26, 2013, recommended pain management, and chiropractic treatment. The request for authorization is for lumbar 5 - sacral 1, laminectomy/foraminotomy L5-S1, left, posterior lumbar fusion L5-S1. The primary diagnosis is lumbar region intervertebral disc displacement. On November 14, 2013, Utilization Review non-certified posterior lumbar interbody fusion and

modified it to lumbar laminectomy/ foraminotomy, left L5-S1, based on MTUS, ACOEM, and ODG guidelines. This was appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar fusion lumbar lamination at left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Fusion, Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310..

Decision rationale: Progress notes dated October 30, 2013 document complaints of low back and left leg pain. There was tingling in the lateral calf and dorsum of the left foot. The assessment was continuing symptoms in the left lower extremity in the L5 distribution with a hint of small extraforaminal disc herniation on the left side at L5-S1 on the MRI scan. A CT scan of lumbar spine with intrathecal contrast was performed on 10/25/2013. This revealed asymmetric branching pattern of the S1 nerve root with the left S1 nerve root branching before the right. No disc herniation or stenosis was seen. The provider subsequently requested a lumbar fusion at L5-S1 along with laminectomy/foraminotomy. The fusion was noncertified by utilization review although the laminectomy/foraminotomy was certified. This was appealed to an independent medical review. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. With regard to spinal fusion the guidelines are very specific with regard to indications. Patients with increased spinal instability after spinal decompression at the level of the degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is no instability and motion in the segment operated on. The guidelines on page 310 do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. As such, the request for a spinal fusion at L5-S1 is not supported and the medical necessity is not substantiated.