

Case Number:	CM14-0214271		
Date Assigned:	01/07/2015	Date of Injury:	10/17/2012
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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:

A 48-year-old female reported industrial injury of October 17, 2012 after sustaining a trip and fall. Treatments included chiropractic care, medications and epidural steroid injections at the right L5-S1 level without benefit. EMG of the lower extremities from February 14, 2014 demonstrated normal findings. MRI of the lumbar spine dated August 25, 2014 demonstrated degenerative changes at the L5-S1 level without significant central canal or neural foraminal stenosis. Previously noted annular tear at L4-5 and disc extrusion at L5-S1 is resolved. Exam note November 4, 2014 demonstrates the patient has persistent back and right lower extremity pain. There is a reported aching and burning in the upper, mid and lower back rated as 8/10 on a visual analog scale. Motor exam demonstrates a right extensor hallucis longus to be 3+ over 5 and the left is 5 minus over 5. Straight leg raise testing is positive on the right at 20 as well as the left at 40 causing pain in the buttocks. There is report of end-stage collapse at the L5-S1 disc as well as neural foraminal narrowing secondary to collapse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7, IME

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

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

One (1) posterior spinal fusion with transforaminal lumbar interbody fusion at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 307. Decision based on Non-MTUS Citation Low Back, Fusion

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 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 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. Based upon the exam note of 11/4/14 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 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.