

Case Number:	CM14-0217647		
Date Assigned:	01/07/2015	Date of Injury:	09/29/2004
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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:

The injured worker is a 55 year old male who suffered a work related injury on 09/29/04. Per the physician notes from 1/06/14, he continues to complain of persistent pain of the lumbar spine and bilateral sacroiliac joints. The back pain radiates up to his midthoracic spine into the base of his neck. The low back pain also radiates down both legs associated with numbness and tingling which is aggravated by any sort of bending, twisting, or direct pressure of his sacroiliac joints. Current medications which include Fexmid, Paxil, Fenoprofen, Priloxec, Ultram, and Norco as well as Cyclobenzaprine/Tramadol cream. Examination of the lumbar spine reveals tenderness to palpation in the paraspinal musculature. Decreased range of motion was due to pain and stiffness along with tenderness to palpation over the bilateral sacroiliac joints. Diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral sacroiliac arthropathy, and mood disorder. Requested treatment is L4-L5 and L5-S1 posterior lumbar interbody fusion with pedicle fixation as well as sacroiliac joint fixation and arthrodesis for stabilization of unstable segments and the return patient's functional capacity. This treatment was denied by the Claims Administrator on 12/23/14 and was subsequently appealed for 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 interbody fusion: 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): 307. Decision based on Non-MTUS Citation Low Back, Fusion

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. The exam note of 1/6/14 demonstrates 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.