

Case Number:	CM14-0035190		
Date Assigned:	06/23/2014	Date of Injury:	11/12/2011
Decision Date:	05/21/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/21/2014

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: 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 58-year-old female who sustained an industrial injury on 11/21/11. Initial complaints were low back pain and spasm and the initial diagnoses were scoliosis and degenerative joint disease. Treatments to date include medications. Diagnostic studies include x-rays and MRI of the lumbar spine. Current complaints include mild back and right leg pain. In a progress note dated 02/07/14, the treating provider reports the plan of care as a right L3-4 decompression. The requested treatments are a L3-L5 transforaminal interbody fusion, with an assistant surgeon and a lumbosacral orthotic brace. Utilization review partially certified the decompression and transforaminal interbody fusion to a one level procedure at L3-4 citing CA MTUS and ODG guidelines. This is now 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:

L3-5 Transforaminal Lumbar Interbody Fusion: 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)-TWC, Low Back Procedure Summary.

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

Decision rationale: MRI scan of the lumbar spine dated 2/29/2012 revealed multilevel degenerative changes including mild spinal canal stenosis, narrowing of the left lateral recess and mild bilateral neural foraminal narrowing at L3-4. There was mild spinal canal stenosis and mild left neural foraminal narrowing at L4-5. The injured worker complains of significant low back pain with radicular symptoms in both lower extremities, worse on the right. X-rays of the lumbar spine revealed a scoliosis centered at L3-4 with spondylolisthesis at L3-4. A subsequent MRI of the lumbar spine showed a significant L3-4 foraminal disc herniation with foraminal stenosis and a synovial cyst. The injured worker has evidence of right L3 and L4 radiculopathy. There is numbness in the anterior thigh. The knee jerk is absent. The provider is recommending decompression of L3-4, which will result in instability and will necessitate a fusion at that level. This is supported by the presence of spondylolisthesis and severe facet hypertrophy with a synovial cyst at that level. Similar changes are not noted at L4-5. Therefore, a wide decompression at L4-5 and a fusion at that level will not be necessary. California MTUS guidelines indicate that patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. Lumbar fusion in patients with other types of low back pain very seldom cures the patient. As such, while the request for a decompression and fusion at L3-4 is supported, the additional request for decompression and fusion at L4-5 is not supported by guidelines. As such, the medical necessity of the request for L3-5 decompression and transforaminal lumbar interbody fusion has not been substantiated. Therefore, the request is not appropriate and medically necessary.

Assistant Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines; and on the American Academy of Orthopaedic Surgeons, June 201.

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 Chapter, Surgical Assistant.

Decision rationale: ODG guidelines recommend a surgical assistant as an option in more complex surgeries. The assistant surgeon actively assists the physician performing his surgical procedure. Transforaminal lumbar interbody fusion requires a surgical assistant. As such, the request is appropriate and medically necessary.

Aspen LSO Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low Back Procedure Summary.

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 Chapter, Back Brace, Postoperative, Fusion.

Decision rationale: ODG guidelines indicate that use of postoperative back brace after a fusion is under study. There is conflicting evidence, so case-by-case recommendations are necessary. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. The guidelines suggest that immobilization may actually be harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments and routine use of back braces is harmful to this principle. As such, the request for a lumbar back brace is not supported and the medical necessity of the request has not been established.