

Case Number:	CM15-0001558		
Date Assigned:	01/12/2015	Date of Injury:	12/03/2012
Decision Date:	03/16/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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
 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 52-year-old male with a reported industrial injury of December 3, 2012. This includes lumbar strain, quadratus lumborum strain, ligament and muscle strain and spasm with bilateral L2 and L4 lumbar radiculopathy. Radiographic examination from December 13, 2013 demonstrates worsening chronic facet disease at the L5-S1 level. MRI scan from February 13, 2013 disclosed occult fractures and the pars interarticularis on the left at the L5 and S1 levels. A sacroiliac occult fracture is also noted. Exam note August 27, 2014 demonstrates continued low back pain radiating to the lower extremity. Physical exam demonstrated limited range of motion with flexion extension of 20 limited by pain. MRI lumbar spine performed on September 4, 2014 demonstrates disc desiccation at L5-S1 with a 3 mm right foraminal disc protrusion abutting the right L5 nerve root. Normal disc height is noted L4-5 with a 2 mm right foraminal disc protrusion. The disc desiccation is noted L3 for the 3 mm right foraminal disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Interbody Fusion with Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ACOEM, Second Edition (2008 revision), Low Back Disorders, page 857-66

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 from 8/27/14 demonstrates a lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Associated surgical service: 5 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.