

Case Number:	CM15-0002814		
Date Assigned:	01/15/2015	Date of Injury:	03/29/2012
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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:

The injured worker is a female, who sustained an industrial injury on 1/16/12. She has reported back pain. The diagnoses have included moderate to severe degenerative disc disease as well as calcified disc protrusion of the lumbar spine at L5-S1 post laminectomy and bilateral disc excision at L5-S1 and mild exogenous obesity. Treatment to date has included medications, exercise with aqua therapy and laminectomy with diskectomy. Currently, the IW complains of low back pain on right side with stiffness and muscle spasms which radiates up to her right shoulder region and numbness in the left thigh. Physical exam 9/15/14 noted limited range of motion, palpation of lower back reveals minimal tenderness over the surgical scar and remaining spinous processes, mild tenderness in the right paraspinal muscles, right sacroiliac joint and over the right sciatic nerve. On 12/29/14 Utilization Review non-certified a decompressive lumbar laminectomy at L5 with foraminotomies and a disc excision plus an interbody fusion with a cage at L5-S1, as well as a bilateral lateral fusion at L5-S1 with pedicle screw hardware and right iliac crest graft, noting 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 instability and motion in the segment operated on. The MTUS, ACOEM Guidelines, was cited. On 12/29/14, the injured worker submitted an application for IMR for review of decompressive lumbar laminectomy at L5 with foraminotomies and a disc excision plus an interbody fusion with a cage at L5-S1, as well as a bilateral lateral fusion at L5-S1 with pedicle screw hardware and right iliac crest graft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive lumbar laminectomy at L5 with foramenotomies, and a disc excision, interbody fusion with a cage at L5-S1, bilateral lateral fusion at L5-S1 with pedicle screw hardware and right iliac crest graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Fusion (spinal)

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. In this particular patient 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 from the exam note of 9/15/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.