

Case Number:	CM15-0004320		
Date Assigned:	01/16/2015	Date of Injury:	09/05/1991
Decision Date:	03/19/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/08/2015

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 patient is a 67 year old male who sustained a work related injury on September 5, 1991. There was no mechanism of injury documented. The injured worker is diagnosed with lumbar stenosis, right leg radiculopathy, anterolisthesis and chronic low back pain. There was no documented past surgical interventions to the lumbar spine. The injured worker is status post multiple cervical fusions C3-C7 (no dates documented). According to the lumbar spine magnetic resonance imaging (MRI) performed on November 4, 2014 the impression documents a grade I anterolisthesis of L4-L5 with high grade central canal stenosis with a 4mm circumferential disc protrusion with abutment of the descending L5 nerve roots bilaterally as well as abutment of the exiting right and left L4 nerve roots with moderate narrowing of the neural foramina bilaterally. At L3-L4 a 3mm circumferential disc protrusion with abutment of the descending L4 nerve roots bilaterally as well as abutment of the exiting right and left L3 nerve roots with a moderate grade central canal stenosis at L3-L4 is noted. The patient continues to experience chronic low back pain. Current medications are listed as Percocet and Flexeril which are not very helpful according to the December 12, 2014 physician's report. Current treatment modalities consist of medication, chiropractic therapy and a double belt lumbar spine brace. The treating physician requested authorization for 1 L3-L5 Decompression at L4-L5 Fusion and Transforaminal Lumbar Interbody Fusion; 2-Day Inpatient Stay. On December 13, 2014 the Utilization Review modified the certification from 1 L3-L5 Decompression at L4-L5 Fusion and Transforaminal Lumbar Interbody Fusion to 1 L3-L5 Decompression due to the lack of structural instability at L4-L5, and modified the certification from 2-Day Inpatient Stay to a one day inpatient stay.

Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Low Back Complaints and Alternative Guidelines for Criteria for Lumbar Spinal Fusions; and The Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute & Chronic) and Hospital Length of Stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L3-L5 Decompression at L4-L5 Fusion & Transforaminal Lumbar Interbody Fusion:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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 12/12/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

2-Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

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

