

Case Number:	CM15-0011666		
Date Assigned:	01/29/2015	Date of Injury:	10/24/2012
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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 35 year old male, who sustained an industrial injury on 10/24/2012. The diagnoses have included spinal stenosis, lumbar region, without neurogenic claudication. Treatment to date has included conservative measures. Past medical history included lumbar spine microdiscectomy in 2007. The report dated 8/21/2014, for a lumbar myelogram under fluoroscopic guidance was submitted. A computerized tomography report post myelogram, dated 8/21/2014, was submitted. Lumbar myelogram 8/21/14 demonstrated 2 mm disc bulge at L4/5 and 3 mm disc bulge at L5/S1. Exam note 11/19/14 demonstrates the injured worker complains of lumbar pain, when getting in and out of a chair and standing up. Also reported was numbness of the left lower extremity. Physical exam noted a forward flexed posture at the lumbar spine when standing. Tenderness in the lumbar spine with decreased lumbar lordosis was noted. Lumbar spine motion was forward flexion, 45 degrees, extension to neutral, with pain. Further treatment interventions were noted with spinal surgery. On 1/06/2015, Utilization Review non-certified a request for a lumbar interbody fusion L4-5 (1st staged procedure), posterior decompression and instrumentation L5-S1 (2nd procedure), co-surgeon, and a 3-4 day inpatient stay, noting the lack of compliance with MTUS/ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associated service) Inpatient Hospital stay 3-4 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital Length of stay

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

Lumbar interbody fusion L4-L5 (1st staged procedure), Posterior decompression and instrumentation L5-S1(2nd staged procedure): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 11/19/14 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.

Co-Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>

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