

Case Number:	CM15-0015707		
Date Assigned:	02/03/2015	Date of Injury:	02/12/2008
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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 43 year old male who sustained an industrial injury on 2/12/08 from a slip and fall injuring his low back and right leg. He currently complains of burning low back pain with radiation to right leg with intermittent numbness and tingling. When the pain is severe it causes migraines. He failed conservative measures per 7/31/14 progress note and had lumbar spine surgery. Medications include Norco, Ativan, amitriptyline, Fentanyl patch and Cymbalta. He has had cervical fusion and back surgery. He has had several emergency room visits for back and leg pain. Diagnoses include lumbar radiculopathy; prior lumbar laminectomy; chronic pain syndrome; depression. Treatments to date include physical therapy, epidural steroid injections offering moderate relief and spinal cord stimulator trial offering mild relief, psychiatric treatments. Diagnostic include a lumbar MRI (9/8/14) showing L5-S1 findings consistent with scar tissue. Progress note dated 12/30/14 indicates that invasive therapy was explained to the injured worker and he chose to have surgery after continuing to experience a significant degree of pain. His radicular pain is related to his neuroforaminal stenosis at L5-S1 secondary to loss of disc space. The treating provider recommended L5-S1 anterior lumbar interbody fusion to restore his disc height and subsequently decompress his neuroforamen indirectly. On 1/12/15 Utilization Review non-certified the request for L5-S1 anterior lumbar interbody fusion/instrumentation citing MTUS, ACOEM Guidelines; ODG: Low Back Chapter; AMA Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S 1 anterior lumbar interbody fusion/instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition criteria for Instability page 379

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. The documentation does not indicate any instability at the level of requested fusion. On page 310 the guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. As such, the request for anterior lumbar interbody fusion with instrumentation at L5-S1 is not supported and the medical necessity is not established.