

Case Number:	CM15-0128909		
Date Assigned:	07/08/2015	Date of Injury:	05/05/1994
Decision Date:	08/12/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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, Indiana, Oregon
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 63-year-old female, who sustained an industrial injury on May 5, 1994, incurring low back injuries after falling off a chair. She was diagnosed with lumbar degenerative disc disease and spinal stenosis of the lumbar region. Treatment included physical therapy, lumbar discectomy, spinal fusion, pain medications, aqua therapy, diagnostic imaging and work restrictions. Currently, the injured worker complained of persistent low back pain, leg weakness, sciatica, difficulty standing and prolonged sitting. The treatment plan that was requested for authorization included a lumbar pedicle subtraction osteotomy, revision thoracic and sacral and ilium spinal fusion with instrumentation posterior fusion pseudo arthrosis of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 Pedicle Subtraction Osteotomy, Revision T10-S1 and Ilium Spinal Fusion with Instrumentation Posterior Fusion Pseudoarthrosis L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic - Discectomy/Laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

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 symptoms. 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 have been multiple fusion surgeries with declining function and poor outcome. In cases like this, psychologic evaluation is recommended by the guidelines to help stratify the patients for surgery. In this case, no formal psychologic screening has been done and the request is not medically necessary.