

Case Number:	CM15-0129315		
Date Assigned:	07/15/2015	Date of Injury:	04/22/2014
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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 52 year old male who sustained an industrial injury on 4/22/14. Treatments include medications, chiropractic, physical therapy, lumbar support, acupuncture, and surgery. Primary treating physician's progress report dated 5/5/15 reports complaints of persistent and worsening, sharp lower back pain, rated 8/10. The pain radiates into the lower extremities, right greater than the left. He is having significant sleep disruption due to the pain. He has intermittent elbow and wrist pain that is aggravated by repetitive motions, lifting, gripping, grasping, pushing, pulling, and torquing activities. The pain is sharp and is associated with tingling and numbness, rated 3/10. He has intermittent, throbbing right hip pain, rated 7/10. He has bilateral knee pain, left greater than the right, rated 6/10. He has intermittent, throbbing right Achilles pain, rated 6/10. He has constant, burning pain in his left foot/heel, rated 7/10. Diagnoses include: status post right Achilles surgery, left foot plantar fasciitis with large cyst versus mass, bilateral knee internal derangement, status post left knee arthroscopy, right hip internal derangement, lumbar discopathy, with radiculitis and rule out carpal tunnel syndrome. Plan of care includes: conservative treatment modalities have failed therefore, surgical intervention is recommendation and request is being submitted for L3-L5 posterior lumbar interbody fusion with instrumentation and possible addressing of junctional level pathology if present intra-operative, the surgery was discussed in detail, request pre-approval for durable medical equipment and postoperative medication. Work status: continue to work with modified duties as before. Follow up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 Interbody Fusion (PLIF) w/ Instrumentation and Possible Addressing of Junction Level Pathology if present Intra-Operatively (will need to perform complete bilateral facetectomies): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, www.odg-twc.com;section, Low Back, Lumbar & Thoracic (Acute & Chronic).

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 case the level of decompression planned at L2/3 is not commensurate with the pathology on the MRI of mild to moderate stenosis. Based on the lack of necessity for complete bilateral facetectomy, the request for the combined procedure is not medically necessary.

Associated Surgical Services: Assistant 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 Official Disability Guidelines (ODG) low back.

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

Associated Surgical Services: Medical Clearance: 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 (ODG) low back.

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