MAXIMUS Federal Services

Case Number:	CM15-0177216		
Date Assigned:	09/18/2015	Date of Injury:	02/06/2013
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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, Oregon, Washington
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 38 year old male who sustained an industrial injury on 2-6-13. A review of the medical records indicates he is undergoing treatment for intervertebral disc disorder, lumbosacral radiculopathy, status post right knee surgery, anxiety, and insomnia. Medical records (5-4-15 to 7-17-15) indicate ongoing complaints of low back pain that radiates to his bilateral lower extremities with pain, paresthesia, and numbness. He complains of difficulty walking and completing his daily activities. The physical exam indicates guarding, spasm, and tenderness in the paravertebral musculature of the lumbar spine with decreased range of motion on flexion and extension. He was noted to walk with an antalgic gait. Diagnostics have included x-rays of the lumbar spine, an MRI of the lumbar spine, and an MRI of the right knee. Treatment has included right knee arthroscopic surgery, lumbar steroid injections, a transforaminal nerve root injection at right L4-L5 and right L5-S1, acupuncture, and chiropractic treatment. The requested treatment is for a transforaminal lumbar interbody fusion at the L4-L5 level with posterior instrumentation and bone grafting, as well as 18 sessions of physiotherapy following the surgical intervention. The utilization review (8-12-15) indicates denial of the surgical procedure, indicating "there is no indication of instability or spondylolisthesis that would necessitate a lumbar fusion".

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion, instrumentation and bone grafting of L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/17/15): Discectomy/laminectomy; AMA Guides to the Evaluation of Permanent Impairment, Fifth criteria for Instability (page 379).

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, Fusion (spinal).

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 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 7/17/15 to warrant fusion. Therefore the determination is non-certification for lumbar fusion.