

Case Number:	CM15-0066380		
Date Assigned:	04/14/2015	Date of Injury:	08/19/2004
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Illinois, California, Texas
 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:

This injured worker is a 58-year-old female who sustained an industrial injury on 8/19/04, due to a motor vehicle accident. Past surgical history was positive for C4-7 cervical fusion. The 12/11/14 agreed medical examiner report documented the 2/1/14 lumbar spine MRI findings with a 5.4 mm disc protrusion at L2/3, spondylolisthesis at L3/4, and multilevel facet hypertrophy. The 1/28/15 treating physician report cited severe low back pain and increased burning sensations in both hands, right greater than left. With medications, her pain decreased by approximately 50% and she was able to sleep, walk, sit, and stand. Lumbar spine exam documented spasms, painful and limited range of motion, positive Lasegue's, straight leg raise bilaterally at 40 degrees, walking limited to one-half block, and tenderness to palpation across the lumbar spine. There was L4-S1 radiculopathy bilaterally and decreased L4-S1 sensation bilaterally. X-rays showed stable C4-7, and spondylolisthesis at L3/4 and L4/5. The diagnosis included lumbar discogenic disease with radiculopathy, and chronic low back pain intractable. The treatment plan recommended L4-S1 anterior/posterior spinal fusion. The 2/25/15 treating physician report documented no change in subjective or objective findings and indicated the injured worker was a candidate for lumbosacral fusion. The 3/12/15 psychological evaluation report indicated that the patient was cleared for the lumbar surgical procedure and requested treatment to include 4 to 6 cognitive behavioral therapy sessions. The 4/1/15 utilization review non-certified the request for lumbar fusion as there was no detained evidence of recent conservative treatment with physical therapy and epidural steroid injection, and no MRI of the lumbar spine was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion L3-L4, L4-L5 anterior/posterior spinal fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Fusion (spinal).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Guidelines state that spinal fusion is recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise, subject to the selection criteria. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This patient presents with severe low back pain with reported clinical findings of L4-S1 radiculopathy. Walking was limited to less than one block. There was psychological clearance for surgery. However, there was no reported MRI evidence of significant pathology at the L4/5 or L5/S1 levels. The formal report is not available in the submitted records. There was no documented radiographic evidence of spinal segmental instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.