

Case Number:	CM15-0071899		
Date Assigned:	04/22/2015	Date of Injury:	07/11/2012
Decision Date:	05/28/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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 60 year old female, who sustained an industrial injury on July 11, 2012. She was diagnosed with lumbar degenerative disc disease. Treatment included physical therapy, pain medications, anti-inflammatory drugs, muscle relaxants and antidepressants. Magnetic resonance imaging revealed facet arthropathy and disc bulging. Currently, the injured worker complained of ongoing left buttock pain with restricted motion. The treatment plan that was requested for authorization included a lumbar discogram with a computed tomography, posterior lumbar fusion and an inpatient stay for one day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram L1-S1 with CT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Low Back, Topic: Discography.

Decision rationale: The Official Disability Guidelines do not recommend discography. The guidelines state in the past discography had been used as part of the preoperative evaluation of patients for consideration of surgical intervention for lower back pain. However, the conclusions of recent high-quality studies on discography have significantly questioned the use of discography results as a preoperative indication for spinal fusion. These studies have suggested that reproduction of the patient's specific back complaints on injection of 1 or more disks (concordance of symptoms) is of limited diagnostic value. As such the request for discography L1-S1 is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Posterior Lumbar Fusion L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310, Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100, 101. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment, 6th Edition, pages 579, 580.

Decision rationale: With regard to the request for posterior spinal fusion, the guidelines indicate there is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared to the natural history, placebo, or conservative treatment. There is no good evidence from controlled trials the spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Although degenerative spondylolisthesis is reported at L4-5, the documentation does not include flexion/extension films and as such, the degree of horizontal translation, if any, or abnormal angular motion on flexion/extension is not documented. The AMA Guides to the Evaluation of Permanent Impairment, sixth edition defines Alteration of Motion Segment Integrity of the Lumbar Spine using flexion/extension x-rays by translation measurements requiring greater than 8% anterior or greater than 9% posterior relative translation of 1 vertebra on another on flexion or extension radiographs respectively. At L5-S1, it requires greater than 6% anterior or greater than 9% posterior relative translation at L5-S1 of L5 on S1 on flexion or extension radiographs respectively. A diagnosis of AMSI in the lumbosacral spine by angular motion measurements requires greater than 15 degrees at L1-2, L2-3, and L3-4, and greater than 20 degrees at L4-5 or greater than 25 degrees at L5-S1 compared to adjacent level angular motion. The guidelines on page 310 do not recommend a spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. The guidelines also do not recommend referral for extensive evaluation and treatment prior to exploring patient expectations or psychosocial factors. A psychological evaluation is therefore indicated. The documentation does not include a psychological evaluation. Based upon the foregoing, the request for a posterior fusion at L4-5 and L5-S1 is not supported by guidelines and the medical necessity of the request has not been substantiated.

Inpatient stay x1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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