

Case Number:	CM15-0089311		
Date Assigned:	05/13/2015	Date of Injury:	06/17/2014
Decision Date:	10/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/08/2015

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: Montana, Oregon, Idaho
 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 43-year-old male, who sustained an industrial injury on 06-17-2014. He has reported injury to the low back. The diagnoses have included lumbar degenerative disc disease; lumbar herniated nucleus pulposus; lumbar stenosis; lumbar radiculopathy; arthropathy; and chronic pain syndrome. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Norco, Soma, Ibuprofen, and Gabapentin. A progress note from the treating physician, dated 04-09-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in his thoracic spine, lumbar spine, and down both of his legs, worse on the left than on the right; and he has tried injections in his spine and twenty-four sessions of physical therapy. Objective findings included 4 out of 5 weakness for left dorsiflexion; 5 out of 5 strength for right dorsiflexion; he is able to ambulate without assistance; sensory examination is significant for numbness and tingling in an L5 dermatomal distribution bilaterally; lumbar spine x-rays shows spondylosis and some facet arthropathy is noted; impression of the MRI of the lumbar spine is that there is two-level disc disease at L4-5 and L5-S1 with disc desiccation, disc height loss, neural foraminal narrowing, and central stenosis; and the overall radiographic findings are moderate, although the disc height collapse is significant. The treatment plan has included the request for L4-S1 transforaminal lumbar interbody fusion, posterior spinal fusion-posterior spinal instrumentation; associated surgical services: physical therapy for the lumbar (3x6); associated surgical services: lumbar brace (purchase); associated surgical services: external bone growth stimulator (purchase); associated

surgical services: one box of Island bandages (purchase); associated surgical services: two day length stay; and associated surgical services: assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 transforaminal lumbar interbody fusion, posterior spinal fusion/posterior spinal instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 states 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 symptom. 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 notes of 4/9/15 3/9/15 and 2/25/15 to warrant fusion. There is no physical therapy notes which demonstrate failure of nonoperative management and there is no official MRI report which demonstrates a 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. There is no documentation of urine drug screening tests or psychiatric evaluation. Therefore, the request is not medically necessary.

Associated surgical services: Physical therapy for the lumbar (3x6): 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.

Associated surgical services: Lumbar brace (purchase): 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.

Associated surgical services: External bone growth stimulator (purchase): 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.

Associated surgical services: One box of Island bandages (purchase): 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.

Associated surgical services: Two-day length of stay: 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.

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 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.