

Case Number:	CM14-0120041		
Date Assigned:	08/06/2014	Date of Injury:	08/04/2010
Decision Date:	10/09/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 46 year old male who sustained an industrial injury on 08-04-10. A review of the medical records indicates the injured worker is undergoing treatment for low back pain from a lumbar herniated nucleus pulposus. Medical records (06-27-14) reveal low back pain rated at 8.5/10, neck pain rated at 6/10, left shoulder pain rated at 5/10. The injured worker notes worsening of his condition and symptoms. Medical records (04-21-14) reveal shoulder pain at 7/10 and lumbar spine pain at 9-10/10 with leg pain. Medical records (03-31-14) reveal pain rated at 8/10. The physical exam (06-27-14) reveals limited range of motion of the lumbar spine, with noted tenderness in the paraspinous musculature of the lumbar region. Treatment has included medications including Norco and ibuprofen. The original utilization review (07-23-14) non certified a posterior lumbar interbody fusion at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
 Decision based on Non-MTUS Citation ODG Low Back (updated 5/12/14); Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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 6/27/14 to warrant fusion. Therefore, the determination is non-certification for lumbar fusion.