

Case Number:	CM13-0005360		
Date Assigned:	12/18/2013	Date of Injury:	06/25/2012
Decision Date:	04/24/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spinal Surgery, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male with an industrial injury on 6/25/12. Chief complaint is low back pain. Conservative treatments such as medication, home exercise, work restrictions and therapy have been used since the time of injury. The patient has a history of lumbar complaints and has had prior surgery including L4-5 fusion in 2002 and L3-4 fusion in 2008. An MRI from 8/1/12 demonstrates the L5-S1 level has degenerative changes with broad based disc bulging and contracting of the exiting S1 nerve root. Exam notes from 9/18/12 demonstrate patient is neurologically intact. X-rays from 5/29/13 demonstrate degenerative changes with prior surgical hardware noted to be "stable". Exam notes from 5/29/13 demonstrate ongoing low back pain with bilateral foot pain and weakness. Exam notes from 6/24/13 demonstrate the patient has difficulty with ambulation and gait. He has a slight decrease in sensation to the left lower extremity on the plantar aspect of his foot. Exam notes from 10/15/13 demonstrate patient has been evaluated and is found to have further degeneration of the L5-S1 segment. Recurrent disc herniation has been identified on the right-sided L5-S1. Request is for inpatient 2-3 day stay, anterior discectomy and interbody fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT 2-3 DAY STAY, ANTERIOR DISCECTOMY AND INTERBODY FUSION AT L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 - 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Spinal Fusion

Decision rationale: The MRI from 8/1/12 demonstrates the L5-S1 level has degenerative changes without severe spinal stenosis or spondylolisthesis. Radiographs from 5/29/13 demonstrate degenerative changes without instability. Therefore the ACOEM and ODG criteria have not been satisfied. Determination is for non-certification.