

Case Number:	CM13-0009168		
Date Assigned:	12/11/2013	Date of Injury:	11/18/2012
Decision Date:	02/20/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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 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 claimant is a 34-year-old gentleman who was injured in a work related accident on November 18, 2012. The clinical records for review included an orthopedic assessment on November 20, 2013 by [REDACTED] with documented diagnoses of chronic low back pain, displaced lumbar disc. According to [REDACTED] the claimant described low back pain with radiating lower extremity pain to the calf and thigh bilaterally. Objectively, there was restricted lumbar range of motion, absent right lower extremity reflexes but motor strength and sensation to be intact. [REDACTED] documented that the claimant failed conservative care and an anterior L5-S1 lumbar fusion was recommended for further treatment. Imaging for review included radiographs dated November 21, 2012 that showed hypertrophic changes at L5-S1 but no instability and an MRI report of December 28, 2012 that showed at the L5-S1 level a central disc protrusion, facet arthropathy and impingement upon the exiting S1 nerve roots. As stated, an L5-S1 fusion was recommended for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Instrumented spinal fusion at the L5-S1 junction, to include a posterior lumbar interbody fusion followed by placement of pedicle screws and rods: 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 rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, lumbar fusion would not be indicated. The medical records in this case do not document any degree of segmental instability at the L5-S1 level that would necessitate the role of operative intervention in the form of fusion. ACOEM Guideline criteria indicate that fusion may be indicated for trauma related spinal fracture, dislocation, or spondylolisthesis with segmental instability. The absence of instability would fail to necessitate surgical process as outlined.