

Case Number:	CM13-0009774		
Date Assigned:	09/23/2013	Date of Injury:	09/14/2011
Decision Date:	01/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/15/2013

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 48-year-old female who was injured in a work related accident on September 14, 2011. The clinical records reviewed include a recent assessment of July 11, 2013 indicating ongoing complaints of low back pain. At that time, it was noted that the claimant was status post a prior lumbar laminectomy at the L4-5 and L5-S1 levels with continuing ongoing complaints of pain. Initial surgical process was noted to have occurred in January of 2013. She continued to describe numbness with radiating pain down the left leg similar to what she was experiencing "prior to surgery". Physical examination findings showed 5/5 motor strength to the lower extremities in a bilateral fashion with positive left sided straight leg raising reproducing typical low back complaints and diminished sensation in a left L4 through S1 dermatomal distribution. Postoperative formal imaging is not available for review in the postoperative setting. The treating physician stated that a postoperative MRI did demonstrate degeneration at the L4-5 and L5-S1 levels with stenosis. As stated, formal imaging findings are not noted. It states that she has undergone extensive conservative care since surgery. A two level lumbar fusion at the L4-5 and L5-S1 level is being recommended in a staged fashion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for staged anterior interbody fusion following posterior interbody fusion/fixation and laminectomy at L5-S1: 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: CA MTUS ACOEM states, "There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that 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". Based on California Guidelines, lumbar fusion procedure in this case would not be indicated. While it is noted the claimant is with a prior history of L4 through S1 lumbar laminectomy, the clinical records do not support recent postoperative imaging demonstrating compressive process at the requested surgical level necessitating the role of further surgery. The records also do not currently support lumbar instability. While a second surgical process at the requested levels may necessitate a fusion, the clinical indications for the procedure would not be indicated based on lack of documentation of imaging findings at present.