

Case Number:	CM13-0010665		
Date Assigned:	12/11/2013	Date of Injury:	01/15/2012
Decision Date:	08/06/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert 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 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/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:

This is a 43 year old male who injured his low back in a work-related accident on 1/15/12. The clinical records provided for review include the report of a lumbar MRI dated 3/30/12 that showed at the L4-5 level a shallow central protrusion without effacement of the nerve root and a broad-based protrusion at L5-S1 with contact but no effacing of the exiting nerve root. There was degenerative disc disease noted at each level. The claimant was treated conservatively with medication management, physical therapy, activity restrictions, and injection care. The 8/19/13 follow up report indicated continued complaints of low back pain and radiating bilateral leg pain with numbness. Physical examination showed lumbar spasm with range of motion and palpation. There was a positive straight leg raise. Based on the fact that the claimant failed conservative care, a two-level lumbar fusion was recommended at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR DECOMPRESSION AND INTERBODY FUSION L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: While the claimant's clinical imaging supports a degenerative process at the L4-5 and L5-S1 levels, there is no indication of acute compressive pathology at either level. There is currently no indication of segmental instability at either level. There is currently no indication of acute physical examination findings demonstrating radiculopathy at L4-5 or L5-S1. ACOEM Guidelines recommend lumbar fusion in spinal fracture, dislocation, or spondylolisthesis if there is instability and motion at the levels to be operated on. When taking the above into account, the acute need of a two-level lumbar fusion would not be supported. As such, the request is not medically necessary and appropriate.