

Case Number:	CM13-0015003		
Date Assigned:	04/09/2014	Date of Injury:	02/20/2012
Decision Date:	05/20/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/21/2013

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 Pennsylvania. 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:

The claimant is a 30-year-old gentleman who sustained an injury to the low back on February 20, 2012. An April 2012 MRI scan showed disc desiccation and narrowing at L4-5 with some image distortion from metallic artifacts attributable to a 1998 lumbar fusion. March 2013 electrodiagnostic studies showed chronic radiculopathy at the L4 through S1 levels bilaterally. A clinical assessment dated July 23, 2013, documents low back complaints with bilateral radiating leg pain with weakness; symptoms were noted to be progressing. Plain film radiographs dated April 16, 2013, show changes to the previous fusion at L5-S1 and apparent positive instability noted with flexion/extension views at the L4-5 level. A physical examination identified diminished sensation in a left L4 through S1 dermatomal distribution with positive heel and toe walking. This request is for revision fusion with prior hardware removal at L5-S1 and advancement of fusion from L4 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LATERAL INTERBODY FUSION AT L4-5 AND HARDWARE REMOVAL AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2nd EDITION 2004, 12, 307; SPINAL FUSION

Decision rationale: According to California ACOEM Guidelines, revision fusion at the L4-5 level would not be supported in this case. Findings consistent with chronic radiculopathy were noted at the L5-S1 level on electrodiagnostic studies; this is consistent with the medical history, specifically the 1998 fusion performed at that level. No acute neurocompressive findings at the L4-5 level were noted. Plain film radiographs demonstrate anterolisthesis. However, in the absence of documented significant compressive pathology, the request for fusion revision at the L4-5 would not be medically indicated.

LAMINECTOMY AND POSTERIOR SPINAL FUSION WITH INSTRUMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK

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

Decision rationale: The request for fusion revision has not been established as medically necessary. Therefore, the request for laminectomy with instrumented posterior spinal fusion is not medically necessary.