

Case Number:	CM13-0015060		
Date Assigned:	10/04/2013	Date of Injury:	09/11/2003
Decision Date:	01/23/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/21/2013

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 62-year-old gentleman, who was injured in a work related accident on 09/11/03. Specific to his lumbar spine, a recent MRI report on 02/11/13 of the lumbar spine shows the L5-S1 level to be with stenotic findings with anterolisthesis, facet hypertrophy and severe bilateral foraminal impingement. There was also noted to be spinal stenotic findings noted at L3-4 and L4-5 with significant hypertrophy documented at the above levels as well. The L2-3 level is with marked narrowing and osteophyte formation with mild spinal stenosis. The treating physician had recommended a four level fusion procedure from L2 through S1, with anterior interbody fusion also being performed at the L5-S1 level. Records indicate that the utilization review process approved an L4-5 and L5-S1 surgery, but could not support the L2-3 or L3-4 level based on imaging, examination findings. Subjective findings for review from 09/25/13, with [REDACTED] indicated persistent complaints of low back and leg pain on the left with physical examination "deferred". He indicates after appealing the surgery, a modified procedure was recommended at L4-5 and L5-S1 that indicated the continued need for the surgical process, which may need to take place at L2-3 and L3-4. Further documentation of the claimant's physical exam findings or imaging is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior lumbar interbody fusion, L2-S1 laminectomy transforaminal lumbar interbody fusion (TLIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.
Decision based on Non-MTUS Citation ODG, Low Back Chapter

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

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." While the claimant is noted to be with an anterolisthesis at L5-S1, documentation does not support a compressive lesion, lumbar instability at the L2 through S1 level, nor does it document progressive neurologic dysfunction on examination that would correlate with the need for a four level procedure. The absence of the above documentation would fail to necessitate surgery from the L2 through S1 level in this case.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.