

Case Number:	CM13-0021151		
Date Assigned:	12/11/2013	Date of Injury:	01/23/2009
Decision Date:	02/04/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 patient is a 50-year-old male who reported an injury on 11/23/2009. The mechanism of injury was not provided for review. Conservative treatments included physical therapy, medications, and epidural steroid injections. The patient underwent electrodiagnostic studies that did not reveal any abnormal findings. The patient underwent an MRI that revealed multilevel disc protrusions and facet arthropathy. The patient's most recent clinical examination findings included limited range of motion of the lumbar spine, a straight leg raising test bilaterally at 20 degrees, tenderness to palpation of the lumbar spine, 4/5 weakness of dorsiflexion and extensor hallucis longus on the right, diminished sensation over the right posterolateral thigh and anterolateral calf with an antalgic gait. The patient's diagnoses included lumbar disc degenerative/desiccation with disc space narrowing at the L3-4 and L4-5 with bilateral radiculopathy. The patient's treatment plan included Extreme lateral interbody fusion lumbar 3-4 (L3-4), lumbar 4-5 (L4-5) post interspinous fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral interbody fusion lumbar 3-4 (L3-4), lumbar 4-5 (L4-5) post interspinous fixation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307..

Decision rationale: The requested Extreme lateral interbody fusion lumbar 3-4 (L3-4), lumbar 4-5 (L4-5) post interspinous fixation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has physical findings of radiculopathy that correlate with the L3-4 and L4-5 levels as the patient has decreased EHLs and weakness in dorsiflexion. The patient also has disturbed sensation consistent with the L3-4 and L4-5 dermatomes. It was noted within the documentation that the patient has failed to respond to conservative care. The American College of Occupational and Environmental Medicine recommends fusion surgery when there are clinical exam findings correlative with an imaging study. Although an imaging study was mentioned in the documentation, it was not provided for review. Without the imaging study to correlate the physical exam findings, surgical intervention would not be supported at this time. As such, the requested Extreme lateral interbody fusion lumbar 3-4 (L3-4), lumbar 4-5 (L4-5) post interspinous fixation is not medically necessary or appropriate.