

Case Number:	CM13-0021554		
Date Assigned:	11/13/2013	Date of Injury:	07/12/1981
Decision Date:	01/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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:

This is a 56-year-old gentleman injured in a work-related accident on 7/12/81. The clinical records for review indicate that the claimant had previously undergone an L4-5 laminectomy in 1985 which failed to resolve his complaints of pain. A recent report dated 8/26/13, [REDACTED], revealed a physical examination with mild to moderate lumbar tenderness, dysesthesias in an L5-S1 dermatomal distribution, positive seated nerve root testing, and weakness "of the ankles and toes." The chief complaint at that time was of persistent pain aggravated by bending and lifting with pain in the low back radiating to the leg. Surgical intervention in the form of an L4 through S1 with possible L3-4 interbody fusion with instrumentation and bone grafting was recommended. Recent imaging has included a 6/18/13 MRI report that showed disc desiccation at L3-4, L4-5, and L5-S1 with 4 mm. disc protrusion at L5-S1 with no nerve root compromise or impingement. The L4-5 level was noted to be with a 5 mm. disc protrusion and osteophyte complex, also not compromising the transversing exiting nerve root. The L3-4 level was with a 5 mm. disc protrusion with no encroachment noted. Also available is a 6/19/13 electrodiagnostic study that was noted to be within normal limits to the bilateral lower extremities

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 possible L3-L4 posterior lumbar interbody fusion with instrumentation, neural decompression, and iliac crest marrow aspiration/harvesting, possible junctional levels:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: CA MTUS states, "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" and "Before referral for surgery, clinicians should consider referral for psychological screening to improve surgical outcomes, possibly including standard tests such as the second edition of the Minnesota Multiphasic Personality Inventory (MMPI 2). In addition, clinicians may look for Waddell signs during the physical exam". Based on California MTUS ACOEM Guidelines, the requested multilevel lumbar fusion in this case cannot be supported. The imaging and examination findings failed to document evidence of a neural compressive lesion, instability, or a radicular process. Additionally there was electrodiagnostic testing that also was negative for evidence of a radicular process. Lastly there was not documentation of a psychological screening. Based on the available information, the clinical criteria as set forth in CA MTUS ACOEM Guidelines are not satisfied and as such the fusion is not recommended as medically necessary.