

Case Number:	CM13-0022692		
Date Assigned:	11/13/2013	Date of Injury:	10/14/2011
Decision Date:	01/28/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/10/2013

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 37 year old male who was injured in a work related accident on October 14, 2011 sustaining an injury to his low back. The clinical records provided for review include recent orthopedic followup of July 3, 2013 with [REDACTED]. Subjectively the claimant was noted to be with low back pain greater than leg pain which was noted to be greater on the left than right. Office notes indicate no significant benefit with conservative care including regular use of Robaxin. Objectively there was restricted lumbar range of motion with tenderness, equal and symmetrical deep tendon reflexes, negative straight leg raising with sensation "slightly diminished in the left lateral lower extremity" and 5/5 motor strength bilaterally. The claimant was diagnosed with degenerative disc disease at L3-4 and L4-5. Based on failed conservative measures, a two level interbody fusion with instrumentation at L4-5 and L5-S1 was recommended for further definitive care. Previously reviewed was an MRI report of the lumbar spine from August 26, 2013 that showed mild degeneration at the L3-4 level and a 1 millimeter central disc bulge at L4-5 with mild bilateral neural foraminal narrowing with no indication of facet hypertrophy and a patent central canal. Further records included flexion/extension views of the lumbar spine from December 10, 2012 showed loss of disc height at L3-4 and L4-5 with flexion and extension views demonstrating no dynamic instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 and L4-L5 Extreme Lateral Interbody Fusion with Posterior Spinal Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Low Back Chapter); AMA Guides (Instability.)

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

Decision rationale: The medical records provided for review in this case include imaging that shows no evidence of neurocompressive pathology at the L3-4 and L4-5 level and flexion/extension radiographs that demonstrate no dynamic instability. Absence of progressive neurologic dysfunction or clinical instability at the requested surgical levels would not support the role of operative intervention at this stage. The ACOEM Guidelines only recommend the role of fusion procedures in the setting of trauma related spinal fracture, dislocation, or progressive instability. The request for L3-L4 and L4-L5 extreme lateral interbody fusion with posterior spinal fusion is not medically necessary and appropriate.