

Case Number:	CM13-0032692		
Date Assigned:	12/11/2013	Date of Injury:	07/12/2011
Decision Date:	01/31/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

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 a Subspecialty in Spine Surgery and is licensed to practice in New York. 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 female who has a date of injury July 12, 2000 and she complains of chronic pain and bilateral leg pain. Physical examination reveals a reduced range of motion of the lumbar spine. Straight leg raising is normal bilaterally. Neurologic exam shows normal motor, sensation, and deep tendon reflexes. There is no documented radiculopathy. Patient was diagnosed with L4-5 spondylolisthesis, stenosis, and spondylolisthesis. She has been treated with physical therapy, medications, acupuncture, and one epidural steroid injection. X-rays of the lumbar spine show spondylolisthesis at L4-5 and disc degeneration at L4-5 and L5-S1. There is no documented abnormal motion. An MRI from October 2011 shows L4-5 spondylolisthesis with moderate spinal stenosis. There is a small disc protrusion at L3-4. There is 2 mm retrolisthesis at L2-3. At issue is whether lumbar discogram and lumbar spinal fusion are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

Decision rationale: Lumbar discogram is not medically necessary in this patient. I suggest that lumbar discogram may be appropriate in patients who are appropriate candidate for spinal fusion. It is used as a preoperative study to evaluate painful days prior to performing lumbar fusion. This patient however, is not an appropriate candidate for spinal fusion at this time. Specifically, the patient has no documented radiographic evidence of instability in the lumbar spine. The records do not demonstrate any evidence of abnormal motion in the lumbar spine. Fusion is not medically necessary in this patient based on the material in the current medical records. The patient has no red flag indicators for spinal fusion. Since spinal fusion is not medically necessary, then lumbar discogram is not medically appropriate in this patient as per guidelines.

Lumbar decompression and fusion at L4-L5 (with adjacent levels possibly depending upon further diagnostic studies): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD. Spine (Phila Pa 1976). 2009 May 1;34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc. Review. PMID:19363455[PubMed - indexed for MEDLINE] Related citations Select item 17380763 12.Evidence-based guidelines for the performance of

Decision rationale: Lumbar decompression and fusion is not medically necessary in this patient. Specifically, there is no documented instability on radiographic studies. The patient has no red flag indicators for spinal fusion such as fracture tumor or worsening neurologic deficit. Lumbar decompression is also not medically necessary because the patient does not have any documented specific radiculopathy in the lower extremities. There is no documented neurologic deficit in the lower extremities. Neither spinal fusion surgery nor spinal decompressive surgery is medically necessary in this patient. Established guidelines for spinal surgery are not met.