

Case Number:	CM13-0032994		
Date Assigned:	12/06/2013	Date of Injury:	11/17/2007
Decision Date:	02/27/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 employee is a 45-year-old female who sustained an injury to her low back on 11/17/07. She complains of chronic right-sided low back pain. The employee has been taking Lidoderm, Ultram and Zanaflex for pain relief. She received a Toradol injection on the right side of her low back. An MRI performed in 2008 showed degenerative changes at L1-2 and L4-5 with posterior disc bulging and no significant canal stenosis at L1-2 with mild to moderate canal stenosis at L4-5. No fractures or subluxations were noted. An MRI performed in December 2012 revealed grade 1 anterolisthesis at L4-5 causing severe thecal sac narrowing. Electrodiagnostic studies in December 2012 revealed positive findings in the L5-S1 innervated muscles consistent with L5-S1 motor radiculopathy on the right. The employee continues to have chronic low back pain rated as 9/10. She also has pain radiating to the bilateral lower extremities. Physical examination showed tenderness to the lumbar paraspinal musculature with spasms. There was reduced lumbar range of motion. Sensation was diminished at the tibiofibular region and the lateral portion of the legs. The employee has been using a TENS unit which relieves her pain by approximately 40%. She has also received physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompressions), single interspace; lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Upon review of the submitted medical records, the employee does not meet guideline criteria for the requested surgery. According to the records provided, there is no documented instability on any of the employee's imaging studies. No abnormal motion is documented at the L4-5 segment. In addition, the submitted documentation does not document the presence of any red flag indicators for lumbar fusion such as fracture, tumor or progressive neurologic deficit. Further, there is no documentation of a psychosocial evaluation prior to the planned lumbar fusion. Given the above, the employee does not meet guideline criteria for lumbar fusion surgery at L4-5. As such, the requested arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompressions), single interspace; lumbar is not medically necessary and appropriate.