

Case Number:	CM13-0036219		
Date Assigned:	12/13/2013	Date of Injury:	03/23/2010
Decision Date:	02/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 45-year-old male who reported an injury on 03/23/2010 after lifting a patient, which caused a pulling sensation in his low back. The patient was treated conservatively with medications and physical therapy, which failed to resolve the patient's pain. The patient underwent an MRI of the lumbar spine which revealed a broad-based disc bulge at the L4-5 and L1-2 levels that effaced the thecal sac, facet arthrosis of the L4-5, L3-4 and L5-S1 levels and congenital central stenosis of the L1-3 levels. The patient's most recent clinical examination findings included a positive straight leg raise test bilaterally to 40 degrees, decreased motor weakness bilaterally at a 4/5 and decreased sensation bilaterally in the L4-5 and L5-S1 dermatomes with tenderness to palpation over the lumbar paraspinal musculature. The patient's diagnoses included lumbar discogenic disease, chronic low back pain and a T11-12 herniated nucleus pulposus with severe spinal stenosis. The patient's treatment plan included anterior/posterior spinal fusion at the L4-5 level and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/ Posterior Spinal Fusion at L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Fusion.

Decision rationale: The requested anterior/posterior spinal fusion at the L4-5 level is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends spinal fusion for patients with spinal instability after decompression surgery. The clinical documentation submitted for review does provide evidence of neurological deficits and an imaging study with nerve root pathology that may benefit from surgical intervention. However, the clinical documentation submitted for review does not provide any evidence of spinal instability or any documentation of prior surgical interventions. As such, the requested anterior/posterior spinal fusion at the L4-5 level is not medically necessary or appropriate.