

Case Number:	CM13-0036295		
Date Assigned:	12/13/2013	Date of Injury:	09/29/2011
Decision Date:	02/24/2014	UR Denial Date:	09/18/2013
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 56-year-old male who reported an injury on October 26, 1980. The patient is diagnosed with lumbar degenerative disc disease at L4-5, lumbar disc protrusion, lumbar radiculopathy, and lumbar stenosis. The patient was seen by [REDACTED] on August 30, 2013. Physical examination revealed paraspinal musculature tenderness, decreased range of motion, and decreased sensation in the bilateral lower extremities. Treatment recommendations included authorization for a posterior lumbar interbody fusion with instrumentation at L4-5.

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 decompression), single interspace, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 and 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Laminectomy/ laminotomy, Fusion (spinal)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms,

activity limitations for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment. The Official Disability Guidelines recommend laminectomy for lumbar spinal stenosis. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on August 12, 2013, which indicated small anterolateral osteophytes, disc desiccation with a 2 mm disc protrusion at L4-5, a 1 mm broad based left sided disc protrusion at L5-S1, and no evidence of nerve root compression. There were no extension and flexion view radiographs submitted for review. Additionally, there was no documentation of a recent course of physical therapy or a failure to respond to recent conservative treatment provided in the documentation submitted for this review. Based on the clinical information received, the request is non-certified.