

Case Number:	CM13-0038656		
Date Assigned:	12/18/2013	Date of Injury:	03/15/2011
Decision Date:	02/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/25/2013

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 has a subspecialty in Fellowship training in Spine 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 03/05/2011 resulting in 3 microdiscectomy surgeries at the L4-5 level. The patient underwent an MRI in 08/2013 that revealed a right paracentral disc protrusion that narrowed the right lateral recess and impinged on the right L5 nerve root at the L4-5 level. The patient's most recent clinical examination findings included 4/5 strength over the lateral ankle flexors and extensor hallucis longus of the right foot, decreased sensation to fine touch and pinprick in the right leg in the L5 distribution. The patient's diagnoses included recurrent L4-5 right paracentral herniation herniated nucleus pulposus with a right L5 radiculopathy and impingement. Posterior lumbar interbody fusion at the L4-5 was recommended

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective L4-L5 PLIF with Post-Op X-rays: 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 rationale: The Physician Reviewer's decision rationale: The prospective request for L4-5 posterior lumbar interbody fusion with postop x-rays was not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has neurological deficits that correspond with the imaging study that identifies L5 nerve root involvement. Additionally, the clinical documentation submitted for review does provide evidence that the patient has failed to respond to all conservative treatments to include physical therapy and activity modification. The American College of Occupational and Environmental Medicine recommends fusion surgery for the lumbar spine for patients who have increased spinal instability. The clinical documentation submitted for review does not provide any evidence that the patient has any spinal instability that would benefit from surgical fusion. Additionally, Official Disability Guidelines recommend, in the absence of spinal instability, the patient be psychologically evaluated prior to surgery to address any confounding issues that may hinder postsurgical recovery. The clinical documentation submitted for review does not provide any evidence that any psychological assessment was provided for this patient. As there is no documentation of spinal instability and the patient did not undergo any psychological screening prior to surgery, the prospective request for the L4-5 posterior lumbar interbody fusion with postop x-rays is not medically necessary or appropriate