

Case Number:	CM13-0042936		
Date Assigned:	12/27/2013	Date of Injury:	12/21/2010
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 female who was injured in a work related accident on 12/21/10 while lifting a heavy box weighing roughly 40 pounds. Specifically related to her low back, there were clinical records documenting that a prior lumbar discography showed abnormal findings at L4-5 and L5-S1 with a postmyelogram CT scan showing moderate bilateral L5-S1 right sided foraminal narrowing. The claimant was documented to be status post prior treatment including facet joint injections, radiofrequency ablation, epidural steroid injection, medication management, and activity restrictions. Clinical follow up with [REDACTED] on 09/20/13 documented continued complaints of low back pain with radiating pain and numbness down the bilateral lower extremities and difficulty with ambulation. Objectively, there was a mild antalgic gait with restricted lumbar range of motion, diminished bilateral Achilles reflexes, positive left sided and right sided straight leg raising. [REDACTED] recommended an L5-S1 anterior and posterior interbody fusion. Further clinical imaging also included a prior MRI report of 11/28/12 that showed degenerative disc disease and facet arthropathy from L2-3 through L5-S1 with specific findings at the L5-S1 level with stress edema at the posterior element of the pedicles with moderate right sided neuroforaminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

A posterior lumbar spine fusion: Upheld

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

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

Decision rationale: Based on California ACOEM 2004 Guidelines, posterior lumbar fusion would not be supported. While the clinical records indicate continued complaints of pain, there is no documentation of segmental instability at the L5-S1 level or physical examination findings showing progressive neurologic dysfunction that would support the need of a surgical fusion. The role of the above procedure would not meet medical guideline criteria and would not be supported

transforaminal lumbar interbody fusion at L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.