

Case Number:	CM13-0043573		
Date Assigned:	12/27/2013	Date of Injury:	04/01/2002
Decision Date:	02/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Hampshire, New York, and Washington. 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:

MRI lumbar spine from April 2005 and reveals 4 mm disc bulge at L2-3 with mild central canal narrowing. There are disc bulges at T11-T12, and L1-2. There was a prior fusion at L3-4 through L5-S1 with posterior bilateral decompression at all 3 levels from L3-S1. The patient continues to complain of low back pain and additional fusion was recommended at the L1-2 and L2-3 levels. The patient has other psychiatric diagnoses and comorbidities such as diabetes, hypertension hypothyroid and obesity. At issue is whether additional spinal fusion surgery is medically necessary at this time. Physical examination reveals that the patient uses a cane for walking and pain control. Range of motion is limited of the lumbar spine. Patient has tenderness over surgical scar. Motor strength is normal in the bilateral lower extremities. Lumbar laminectomy at L1-L2 has been recommended along with interbody fusion. The medical records are not contain imaging studies suggestive of instability or failure of previous fusion of the lumbar spine. Medical records indicate that the patient may have some pain emanating from his sacroiliac joints in addition to his degenerative lumbar discs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive lumbar laminectomy at L1-2 and L2-3 plus an interbody fusion with an interbody cage as well as a bilateral fusion at L2-2 utilizing pedicle screw hardware plus left iliac crest graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-312.

Decision rationale: The Physician Reviewer's decision rationale: This patient does not meet established criteria for lumbar decompression and fusion surgery. Specifically, the patient has had previous surgery with fusion from L3 to the sacrum. The medical records do not indicate any evidence of radiographic instability, failure of fusion, hardware loosening, or concern for fracture tumor or neurologic deficit. The physical examination does not demonstrate specific radiculopathy in the bilateral lower extremities. Lumbar MRI imaging does not demonstrate any area of severe stenosis or instability. Established criteria for lumbar decompression and fusion are not met. There is no correlation between imaging studies and physical examination identifying specific radiculopathy and nerve root compression on MRI imaging. The request for decompressive lumbar laminectomy at L1-2 and L2-3 plus an interbody fusion with an interbody cage as well as a bilateral fusion at L2-2 utilizing pedicle screw hardware plus left iliac crest graft is not medically necessary or appropriate.