

Case Number:	CM13-0046330		
Date Assigned:	12/27/2013	Date of Injury:	11/25/2010
Decision Date:	02/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 claimant is a 56-year-old who injured the low back in a work-related accident on 11/25/10, Specific to the lumbar spine, the clinical records included a 09/07/13 interim evaluation performed by [REDACTED] documenting ongoing complaints of lumbar pain, and the fact the claimant wished to proceed with operative intervention in the form of anterior interbody fusion at L4-5 and L5-S1 for a preoperative diagnosis of spinal stenosis and neurogenic claudication. The claimant was noted to continue with severe low back pain with radiating leg pain, numbness, and tingling. The physical examination demonstrated tenderness to palpation, restricted lumbar range of motion with 4+/5 strength on the right to the peroneals with 5/5 strength otherwise, and diminished sensation in a right-sided dermatomal distribution. The previous clinical imaging for review included documentation of a 05/09/13 MRI of the lumbar spine that showed at the L4-5 level a 4 millimeter disc bulge with moderate to severe foraminal narrowing in conjunction with facet hypertrophy and at the L5-S1 level a 3 millimeter disc bulge with moderate to severe foraminal narrowing with conjunctive facet joint hypertrophy. Based on the claimant's failed conservative care, surgery was recommended for a posterior lumbar interbody fusion at the L4-5 and L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar interbody fusion L4-L5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM guidelines, the proposed two-level fusion procedure would not be indicated. While it is noted the claimant has sensory and motor weakness on examination as well as significant foraminal narrowing on imaging, the records fail to demonstrate segmental instability at the L4-5 or L5-S1 level that would support the need for a two-level fusion procedure. The ACOEM Guideline criteria only recommend the role of lumbar fusion in situations involving segmental instability, spinal fracture, or dislocation. In the absence of the above the proposed surgery would not be supported.