

Case Number:	CM13-0046938		
Date Assigned:	04/07/2014	Date of Injury:	03/09/2011
Decision Date:	05/23/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This is a 37-year-old male who was injured in a work-related accident on 3/9/11. The records indicate an injury to the low back. Review of prior imaging includes an MRI report of the lumbar spine dated 4/14/11 showing the L4-5 level to be with a preserved disc space with no evidence of disc protrusion, bulging, or herniation with no compressive pathology. The L5-S1 level was also noted to be with a preserved disc space with no abnormality documented. Formal impression of the MRI was that of a "normal" study. Also available for review was an 11/30/12 electrodiagnostic study of the lower extremities that demonstrated no evidence of a radicular process. A recent clinical orthopedic report dated 11/14/13 indicated ongoing complaints of low back pain stating conservative care has provided minimal relief of the claimant's current complaints and surgery in the form of a two-level lateral interbody fusion at the L4-5 and L5-S1 level is being recommended. There was no documentation of physical examination findings at that date. A previous assessment dated 10/4/13 showed a physical examination with diminished sensation in a right L4 dermatomal distribution with a positive right-sided straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY POSTERIOR SPINAL FUSION WITH INSTRUMENTATION, POST LATERAL INTERBODY FUSION L5-S1, POSSIBLY L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.

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

Decision rationale: The ACOEM Guidelines section on spinal fusion indicates, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient." Reviewing the claimant's previous testing indicates electrodiagnostic studies that were negative for a radicular process and an MRI scan that was read as normal with no indication of compressive pathology or documentation of segmental instability at the L4-5 or L5-S1 level. The lack of clinical imaging findings coupled with the claimant's current clinical presentation would fail to necessitate the role of the two-level fusion procedure being recommended. The request is not medically necessary and appropriate.