

Case Number:	CM13-0049032		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2009
Decision Date:	06/13/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/07/2013

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 New York. 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:

The patient is a 53-year-old female with date of injury of February 4, 2009. The patient had previous laminectomy and fusion with pseudoarthrosis from L3-L5. The patient has right leg pain and L1-2 to extruded disc herniation. The lumbar MRI shows evidence of a large L1-2 disc extrusion with moderate to severe stenosis at L12. There is evidence of facet arthropathy spondylolisthesis at L3-4 and L4-5. On the physical examination the patient has restricted range of motion and weakness in the tibialis anterior quadriceps. There is diminished sensation remission. Lumbar radiographs reveal laminectomy from L2-L4 with degenerative spondylolisthesis at L3-4 and L4-5. Lumbar MRI from October 2013 shows large L1-2 HNP with some spinal stenosis. There laminectomy changes noted at L2- 3 and L3-4. Patient has had lumbar epidural steroid injections and continues to have pain. She's also had physical therapy without relief. At issue is whether L3-L5 anterior posterior fusion with instrumentation is medically necessary, as well as L1-2 HNP surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 ANTERIOR/POSTERIOR FUSION WITH INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Pain-Fusion, page 307.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically, the medical records do not document instability lumbar spine. In addition, the patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, and progressive neurologic deficit. In addition, the patient does not have any imaging studies don't document failure of previous fusion. There is no CAT scan documented failure previous fusion. There are no imaging studies documenting abnormal motion in the lumbar spine or evidence of lumbar instability. Lumbar fusion surgery is not more likely than conservative measures to relieve low back pain symptoms. Fusion surgery is not medically necessary. Criteria for fusion are not met.

SPINAL CORD MONITORING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Pain-Fusion, page 307.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

RIGHT SIDED DECOMPRESSION AND DISCECTOMY L1-2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation updated online edition pages 202-207 ACOEM.

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. Specifically there is no correlation between patient's physical exam findings and MRI findings. Physical exam does not correlate with specific imaging studies showing nerve root compression and radiculopathy on physical examination. The patient does have an MRI showing L1-2 disc herniation, but the documented physical exam does not demonstrate radiculopathy of L1 and L2 nerve roots. There is no correlation between the MRI and imaging studies. The patient does not have any red flag indicators for spinal decompressive surgery such as progressive neurologic deficit or epidural abscess. Spinal decompressive surgery is not medically necessary.