

Case Number:	CM13-0051414		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2011
Decision Date:	10/30/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/14/2013

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:

According to the records made available for review, this is a 55-year-old male with an 8/11/11 date of injury. At the time (9/25/13) of the request for authorization for 1 fusion to the L5-S1 and disc replacement at the L4-L5 level between 10/2/2013 and 11/16/2013 and fusion at L5-S1 level and disc replacement at L4-L5 level, there is documentation of subjective (low back pain) and objective (tenderness along the lumbosacral area is noted, motion of the back is 50 degrees of flexion and 10 degrees of extension, tilting is 10 degrees) findings, imaging findings (X-ray lumbar spine (7/25/13) report revealed mild L4-5 and L5-S1 restrolisthesis in extension reduces in flexion. The upper lumbar levels remain well aligned and stable in flexion and extension), current diagnoses (discogenic lumbar condition with previous EMGs being unremarkable), and treatment to date (medication, back brace, hot and cold wrap, and a TENS unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion at L5-S1 and disc replacement at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal) and disk prosthesis

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition with previous EMGs being unremarkable. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; and an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.