

Case Number:	CM13-0053601		
Date Assigned:	06/16/2014	Date of Injury:	04/09/2012
Decision Date:	07/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 65-year-old female who reported an injury on 04/09/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the low back. The injured worker's treatment history included physical therapy, medications, injections, activity modifications and a microlaminectomy at the L3-4 in 02/2013. The injured worker was evaluated on 09/30/2013. It was documented that the injured worker had continued pain complaints radiating to the bilateral lower extremities. Physical findings included a negative straight leg raise test with equal bilateral reflexes. The treatment plan at that appointment included an MRI of the lumbar spine. The injured worker underwent an MRI dated 10/10/2013 which documented a recurrent disc herniation at the L3-4 with evidence of a previous L3 left laminectomy and no other significant changes since the previous examination. The injured worker was evaluated on 10/21/2013. The physical findings included decreased sensation over the anterior and lateral aspects of the left leg, consistent with L4 radiculopathy. It was noted that the treating provider did not consider additional decompression an option, and an interbody fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTREME LAT. INTERBODY FUSION L3-4 AND POST. DECOMPRESSION & FUSION L3-4, ASSISTANT SURGEON WITH THREE DAY STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and AMA Guides, 5th Edition, pages 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The American College of Occupational and Environmental Medicine recommends fusion surgery for injured workers who have intraoperative instability due to decompression. The clinical documentation does indicate that the injured worker has a history of decompression surgery. Additional decompression would possibly cause instability that would require a fusion surgery. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has had any conservative treatment regarding this recurrent disc bulge. There is no documentation that the injured worker has undergone any type of physical therapy or epidural steroid injections to assist with the reduction of the disc herniation. The American College of Occupational and Environmental Medicine does not recommend surgical interventions for the low back unless conservative treatment has been attempted. As the surgical intervention is not supported at this time, all ancillary requests would also not be supported. As such, the requested extreme Lateral Interbody Fusion at L3-4 and "post" Decompression at L3-4 with an Assistant Surgeon and a 3 day stay is not medically necessary or appropriate.