

Case Number:	CM13-0055636		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2006
Decision Date:	03/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 Montana, Tennessee, and 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 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 patient is a 60 year old female who reported a low back injury on 11/3/06 due to a backward fall. The patient underwent an MRI in October 2012 that revealed a disc protrusion at L5-S1 resulting in mild canal stenosis and moderate right and mild to moderate left-sided foraminal stenosis, as well as mild to moderate canal and bilateral foraminal stenosis at L4-5. The patient's treatment history includes medications, physical therapy, and epidural steroid injections. The patient underwent x-rays of the lumbar spine in April 2013 that revealed mild discogenic spondylosis at L5-S1 and degenerative facet joint arthrosis at L4-S1 with mild left lumbar convexity. The patient's most recent clinical evaluation documented that she had persistent left shoulder and low back pain that interfered with her activities of daily living. The patient's objective findings included a positive straight leg raising test, decreased sensation at L4, L5, and S1 dermatomes, and restricted range of motion of lumbar spine. The patient's diagnoses included L4-5 and L5-S1 discogenic pain with right lower extremity radiculopathy, L4-5 spondylolisthesis, status post left shoulder arthroscopy, left knee strain, and right ankle sprain. The patient's treatment plan included lumbar decompression at the L4-5 and L5-S1, followed by a lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar posterolateral fusion with screws, allograft, and bilateral decompression at L4-L5 and L5-S1 between 11/14/13 and 12/29/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: The ACOEM only recommends spinal fusion in instances of significant instability, spinal fracture, or dislocation. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints and radicular symptoms in the L4-5 and L5-S1 dermatomal distributions. However, the patient's imaging study does not provide any evidence of significant instability that would require surgical intervention. There is no evidence of a significant spondylolisthesis that would benefit from fusion surgery. Additionally, there is no evidence that the patient has failed to respond to less-invasive surgeries. The MRI submitted for review from October 2012 documents that the patient has a 1.8mm disc bulge at the L4-5, and a 2.7mm disc bulge at the L5-S1. Although the abnormalities would contribute to the patient's radicular symptoms, there is no medical rationale provided by the treating physician to support that significant instability would be caused by the compression surgery. Therefore, fusion surgery would not be indicated at this time. As such, the requested lumbar posterolateral fusion is not medically necessary or appropriate.

anterior lumbar interbody fusion at L4-L5 and L5-S1 with cage and allograft between 11/14/13 and 1/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: The ACOEM only recommends spinal fusion in instances of significant instability, spinal fracture, or dislocation. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints and radicular symptoms in the L4-5 and L5-S1 dermatomal distributions. However, the patient's imaging study does not provide any evidence of significant instability that would require surgical intervention. There is no evidence of a significant spondylolisthesis that would benefit from fusion surgery. Additionally, there is no evidence that the patient has failed to respond to less-invasive surgeries. The MRI submitted for review from October 2012 documents that the patient has a 1.8mm disc bulge at the L4-5, and a 2.7mm disc bulge at the L5-S1. Although the abnormalities would contribute to the patient's radicular symptoms, there is no medical rationale provided by the treating physician to support that significant instability would be caused by the compression surgery. Therefore, fusion surgery would not be indicated at this time. As such, the requested anterior lumbar interbody fusion is not medically necessary or appropriate.