

Case Number:	CM13-0059249		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2012
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/01/2013

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 Pennsylvania. 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 medical records provided for review indicate the patient is a 38-year-old female with a reported injury date of June 1, 2012. The patient has a history of lower back and left leg pain. An EMG in September of 2013 showed possible left L5 radiculopathy. An MRI, however, only showed mild disc bulging at L4-5 with mild facet arthropathy. Only a mild 2 millimeter concentric disc bulge was noted at L5-S1. The patient has been treated with physical therapy, chiropractic treatment, medications, two epidural steroid injections and facet blocks. A request for an L5-S1 anterior discectomy and fusion has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR DISCECTOMY AND FUSION WITH PLATE FIXATION POSSIBLE ADDITIONAL LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Low Back - Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: The requested L5-S1 discectomy and fusion cannot be recommended as medically necessary. It is not clear why the treating provider has requested a fusion for this relatively young 38-year-old patient in the absence of documented instability. An appeal letter claims that the patient has "dysplastic facet joints" with "severe collapse". However, this is not consistent with the lumbar spine MRI from July 2, 2012. The lumbar MRI demonstrates only mild degenerative findings at L4-5 and L5-S1. Both levels show only mild disc bulging with a capacious canal and widely patent neural foramina. The patient does not have collapse, instability, or even significant neural compressive pathology. ACOEM Guidelines do not generally support fusion in the absence of instability nor would they support lumbar decompression in the absence of clear neural compressive pathology. The patient has neither and the request therefore cannot be regarded as medically necessary based on the information reviewed. Though the patient was reported to have possible radiculopathy on electrodiagnostic studies, the examiner noted that radiculopathy could not be electrodiagnostically confirmed as there was a lack of abnormal findings in other muscles apart from the left extensor hallicus longus. There is simply insufficient objective support for the requested surgical procedure and the request does not comply with ACOEM Guidelines.

2 DAY INPATIENT HOSPITAL STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.