

Case Number:	CM13-0062196		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2012
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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, has a subspecialty in Spine 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 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 54-year-old male who reported an injury on 05/07/2012 after he lifted a heavy object which reportedly caused injury to the patient's low back. The patient underwent an MRI in 01/2013 that documented the patient had a 1mm to 2 mm disc bulge at the L2-3 with facet joint hypertrophy, and 2 mm to 3 mm disc bulge at the L4-5 with facet joint hypertrophy, and a 1mm to 2 mm disc bulge at the L5-S1 with facet joint hypertrophy. The patient's most recent clinical documentation noted that the patient had low back pain with radicular symptoms that have failed to respond to conservative treatments to include physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications, and epidural injections. Objective findings included tenderness to palpation along the lumbar paraspinal musculature with decreased range of motion and lower extremity weakness with decreased lower extremity sensation. The patient's diagnoses included lumbar degenerative disc disease at the L4-5 and a L5-S1, lumbar disc protrusion at the L4-5 and L5-S1, lumbar stenosis at the L4-5 and L5-S1, and lumbar radiculopathy at the L4-5 and L5-S1. The patient's treatment plan included anterior and posterior discectomy, decompression and fusion with instrumentation at the L4-5 and L5-S1 levels followed by postsurgical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/posterior discectomy, decompression and fusion with instrumentation of L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation the Official Disability Guidelines (Low Back Chapter); AMA Guides (Radiculopathy, Instability)

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has pain that has failed to respond to conservative measures. However, the ACOEM Guidelines recommend fusion surgery for patients who have documentation of significant spinal instability. The clinical documentation fails to provide any evidence that the patient has any final instability that would require fusion and instrumentation. Additionally, there is no documentation that the patient has failed to respond to any lesser surgical interventions to provide functional relief for this patient. Also, there is no documentation that the patient has undergone a psychological evaluation to support that the patient is prepared to undergo this type of surgical intervention. As such, the requested anterior/posterior discectomy, decompression and fusion with instrumentation of the L4-5 and L5-S1 is not medically necessary and appropriate.