

Case Number:	CM13-0066716		
Date Assigned:	01/03/2014	Date of Injury:	07/06/1990
Decision Date:	03/28/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 New York. 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 52 year old female with a date of injury of July 6, 1990. The patient had anterior lumbar discectomy surgery at multiple levels in September 1998. The patient also had L3-4 and L4-5 decompressive laminectomy surgery in June 2002. Patient continues to have back pain and leg pain. Neurodiagnostic studies of the lower extremity in April 2011 show chronic bilateral L5-S1 radiculopathy. Patient had selective nerve root blocks in May 2011 would modest but temporary relief. Patient has a diagnosis of failed back condition. X-rays lumbar spine from March 2013 reveal 4 mm L2 retrolisthesis status unchanged flexion-extension. The patient has severe L2-3 degenerative disc and moderate L3-4 L4-5 degenerative disc. MRI from March 2013 reveal L3-4 moderate to severe canal stenosis with loss of disc height and foraminal narrowing. Patient has L2-3 moderate canal stenosis. At L4-5 there is persistent moderate stenosis. At L5-S1 there severe facet arthropathy but no significant canal narrowing. Physical exam reveals painful range of motion. Patient walks using a cane or walker. Imaging studies do not document instability or failure of previous fusion. At issue is whether surgical treatment is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for decompression and fusion (unknown 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), Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-318.

Decision rationale: This patient does not meet established criteria for multilevel lumbar decompressive and fusion surgery. Specifically the patient has had multiple surgeries on the lumbar spine to include fusion and decompression. The imaging studies do not document instability. The medical records do not document any red flag indicators for lumbar fusion surgery such as fracture, tumor, or progressive neurologic deficit. Also, the medical records do not document specific radiculopathy on physical examination that is correlated with specific compression on imaging studies. Also, imaging studies do not document failure of previous fusion. Based on the medical records, this patient does not meet criteria for multilevel decompression or fusion surgery in the lumbar spine.