

Case Number:	CM13-0067045		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2004
Decision Date:	05/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 records indicate the claimant is a 48 year old female with a reported injury date of May 20, 2004. The claimant reportedly has a history of chronic low back pain and underwent a previous L3-4 partial laminectomy with discectomy and foraminotomy on July 12, 2007. The records suggest she has multilevel degenerative disc disease with desiccation and bulging. More specifically the claimant is reported to have protrusions at L3-4, L4-5 and L5-S1 with chronic lumbar radiculopathy. She has been referred for psychological treatment and weight loss as the claimant is noted to have morbid obesity. The claimant, according to the records provided, is to complete a weight loss program including surgery before undergoing lumbar spine surgery. The recommendation has been made for an L4 through S1 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back (Acute and Chronic).

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

Decision rationale: The requested lumbar fusion cannot be recommended as medically necessary. The claimant has been noted to have a diagnosis of radiculopathy; there is no documentation of consistent objective evidence of radiculopathy on examination. In the records provided for review, there are no postoperative imaging studies to evaluate for neurocompressive pathology; there are no flexion/extension views noted to document structural instability for the claimant. The claimant has not been fully treated for her obesity as was planned before any spinal surgery would be undertaken. The ACOEM Guidelines advocate fusion for structural instability, spondylolisthesis or severe loss of expected disc height. The guidelines suggest there is no good evidence from controlled trials that spine fusion is effective for treating back pain in the absence of fracture, dislocation or spondylolisthesis with instability. As stated, these medical records do not identify any imaging to confirm instability, spondylolisthesis, or severe loss of disc height. For all of these reasons the records do not support lumbar spine fusion or indicate the request has met the Guidelines.