

Case Number:	CM13-0068570		
Date Assigned:	01/03/2014	Date of Injury:	11/09/2006
Decision Date:	06/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 (Spine Fellowship), 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:

According to the records made available for review, this is a 69-year-old female with an 11/9/06 date of injury. At the time (12/5/13) of the Decision for 1 lumbar laminectomy and posterior lateral interbody fusion at the levels of L5-S1, there is documentation of subjective (low back pain) and objective (severe decrease in range of motion of the lumbar spine, right sciatic notch tenderness) findings, imaging findings (MRI lumbar spine (10/23/13) report revealed at L5-S1 severe degenerative disc disease with complete obliteration of the L5-S1 disc space and significant vertebral body height loss of the L5 and S1 vertebral bodies. Presumably this represents sequela of prior discitis. There is acquired interbody fusion on the left at L5-S1 and facet joints also appear to be ankylosed on the left as well. This has resulted in relatively severe left neural foraminal narrowing with some minimal abutment in the left neural foramen and exit zone. Right neural foramen is moderately narrowed with some abutment but no definite nerve root imprint), current diagnoses (lumbar spondylolisthesis, stenosis, and radiculopathy), and treatment to date (medication, ESI, and physical therapy). There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), accompanying objective signs of neural compromise; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR LAMINECTOMY AND POSTERIOR LATERAL INTERBODY FUSION AT THE LEVELS OF L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Discectomy/laminectomy and Fusion (spinal)

Decision rationale: The MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminectomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminectomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylolisthesis, stenosis, and radiculopathy. In addition, there is documentation of abnormalities on imaging studies and failure of conservative treatment. However, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), accompanying objective signs of neural compromise; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for 1 lumbar laminectomy and posterior lateral interbody fusion at the levels of L5-S1 is not medically necessary.