

Case Number:	CM13-0071876		
Date Assigned:	01/29/2014	Date of Injury:	03/15/2007
Decision Date:	06/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/30/2013

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 claimant is a 61-year-old who sustained an injury to the low back on 03/15/07. A 09/03/13 progress report noted ongoing complaints of low back pain with radiating left leg pain. The claimant was documented to have failed conservative care at that time. Physical examination revealed 4/5 strength to the left EHL, and diminished sensation in a left L5-S1 dermatomal distribution. Plain film radiographs on that date showed disc space narrowing at L4-5 and L5-S1 and grade I anterolisthesis of the L4-5 of 11 millimeters on flexion and 9 millimeters on extension. The recommendation was made for an L4-S1 posterior interbody fusion and decompression. Formal documentation of imaging is not provided, however, the treating provider noted that a recent MRI showed disc protrusions at the L4-5 and L5-S1 with no foraminal or central stenosis. This request is for a lumbar laminectomy with fusion and a transforaminal lumbar interbody fusion at the above requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY LUMBAR W/ FUSION; TF LUMBAR INTER-BODY FUSION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Spinal Fusion: Patient Selection Criteria For Lumbar Spinal Fusion.

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

Decision rationale: Based on California ACOEM Guidelines, the proposed two level lumbar fusion would not be indicated. While this individual was with an anterolisthesis at the L4-5 level, there is no current indication of segmental instability at the L5-S1 level to support or necessitate the need for a multilevel fusion procedure. Therefore, the proposed laminectomy lumbar fusion would not be supported as medically necessary.