

Case Number:	CM13-0072764		
Date Assigned:	01/10/2014	Date of Injury:	09/16/2012
Decision Date:	06/12/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Mississippi. 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 45-year-old male who was injured on September 16, 2012. In the progress note dated January 11, 2013, the claimant is documented as being a good candidate for lumbar steroid injections, but the claimant has refused medication and physical therapy. Lumbar epidural steroid injections are documented as having been performed at L3-4 and L4-5 on January 29, 2013. The follow-up examination from February 22, 2013 noted continued pain with left lower extremity radiation associated with numbness and tingling. Additionally, the claimant is noted to have spirited pain. The claimant was provided Robaxin for management. 8 sessions of physical therapy were recommended. An MRI of the lumbar spine performed on September 26, 2012 indicates posterior disc protrusion at L3-4 and L4-5. An MRI of the lumbar spine with and without contrast was again performed on September 27, 2013. This imaging study documents a posterior disc protrusion again 5 mm at L3-4 with mild spinal stenosis. Neural canals are narrowed with questionable impingement of the L3 nerve roots lateral recesses are narrowed with suspected impingement of the right L4 nerve root. Impingement is also document of the exiting left L4 nerve root at L4-5. The Utilization Review in question was rendered on December 20, 2013. The review was a retrospective request for the addition of the L3-4 level in a transforaminal interbody fusion that was performed on December 17, 2013. The reviewer noncertified the request noting significant discrepancies between the surgeon's interpretation and the radiologist interpretation of the lumbar spine MRI, MRI findings of a partial tear/tendinopathy of the left iliopsoas tendon, and that the prior request was for operative intervention only at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL LEVEL OF L3-L4 TRANSFORAMINAL INTERBODY FUSION: 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. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), Chapter 12, Low Back Complaints, Clinical Measures, Surgical Considerations.

Decision rationale: The ACOEM notes that spinal fusion in the absence of fracture dislocation of complications of tumor or infection is not recommended. However, it goes on to indicate that individuals with instability following surgical decompression at the level of a degenerative spondylolisthesis may be candidates for fusion. That being said, the included operative note does not indicate that the L3-L4 level was operated on or fused. As such, since the requested additional level does not appear to have been operated on the request is considered not medically necessary.