

Case Number:	CM14-0003743		
Date Assigned:	02/03/2014	Date of Injury:	01/09/2006
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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 injured worker is a 61-year-old female who reported an injury on 1/9/06 after moving boxes of merchandise. After receiving treatment for her left shoulder injury, the injured worker developed low back pain. The injured worker's treatment history included physical therapy, chiropractic care, epidural steroid injections, multiple medications, and psychological support. The injured worker underwent an MRI on 1/6/14. It was documented that there was a large disc bulge impinging the exiting right L4 nerve root at the L4-5, a disc bulge at the L5-S1 impinging on the left S1 exiting nerve root, and disc bulge at the L3-4 with facet hypertrophy. The injured worker was evaluated on 1/16/14. It was documented that laminectomy and spinal fusion from of the L3 to the S1 was previously requested, but was not authorized. Physical findings of the lumbar spine documented a slow gait with assisted ambulation, and restricted range of motion of the lumbar spine with no motor deficits. It was documented that there was decreased sensation in the plantar and dorsal feet bilaterally. The injured worker's diagnoses included lumbar spondylosis, moderate to severe left neural foraminal and right neural foraminal stenosis of the L3-4, severe bilateral foraminal stenosis of the L4-5, moderate to severe bilateral neural foraminal stenosis of the L5-S1, chronic pain syndrome, and obesity. It was noted that the injured worker was previously examined on 12/9/13; however, clinical documentation from that appointment was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LATERAL APPROACH INTERBODY FUSION CAGES AT L3-4, L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12, 307

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

Decision rationale: The ACOEM recommends fusion surgery for injured workers who have evidence of instability. The clinical documentation submitted for review fails to provide any evidence of a spondylolisthesis or any other condition that would cause instability. There is no documentation that the injured worker has failed to respond to other less invasive types of surgery. The clinical documentation does support that the injured worker has low back pain radiating into the lower extremities, has failed to respond to conservative treatments. However, in the absence of significant instability, multilevel fusion surgery would not be supported. As such, the request is not medically necessary.

POSTERIOR LUMBAR INTERBODY FUSION L5-S1 WITH PEDICLE SCREW INSTRUMENTATION FROM L3 TO SACRUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12, 307

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 12 Page(s): 307.

Decision rationale: The ACOEM recommends fusion surgery for injured workers who have evidence of instability. The clinical documentation submitted for review fails to provide any evidence of a spondylolisthesis or any other condition that would cause instability. There is no documentation that the injured worker has failed to respond to other less invasive types of surgery. The clinical documentation does support that the injured worker has low back pain radiating into the lower extremities, has failed to respond to conservative treatments. However, in the absence of significant instability, multilevel fusion surgery would not be supported. As such, the request is not medically necessary.