

Case Number:	CM14-0004168		
Date Assigned:	02/03/2014	Date of Injury:	05/31/2005
Decision Date:	08/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 05/31/2005. Prior treatments were noted to include physical therapy and medications. The mechanism of injury was the injured worker fell backwards while sitting on a chair. The documentation of 12/03/2013 revealed the injured worker had lumbar low back pain, radicular syndrome, cervical spondylosis with myelopathy, lumbar disc degeneration, and lumbosacral spondylosis without myelopathy. The documentation indicated the injured worker continued to have severe pain, most likely caused by her L3-4 disc. The documentation indicated the injured worker had been through fairly extensive conservative treatment without improvement and was becoming increasingly incapacitated and disabled by pain. The treatment plan included a minimally invasive arthrodesis extreme lateral interbody fusion. The injured worker underwent an MRI of the lumbar spine on 09/06/2013 which revealed at the level of L3-4 there were degenerative disc changes. There was some thecal sac flattening along with mild facet hypertrophy. There was mild bilateral foraminal stenosis. There was a transitional body at L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 EXTREME LATERAL INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for an injured worker who has activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, clear clinical and imaging as well as electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, as well as a failure of conservative treatment. Additionally, they indicate there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to indicate the injured worker had findings on extension and flexion studies to support there was instability. While the guidelines indicate there should be electrophysiological evidence of a lesion, there would be no electrophysiological evidence that would support a fusion. The physical examination failed to indicate the injured worker had clinical signs of instability and the MRI did not indicate instability. Given the above, the request for L3-4 Extreme Lateral Interbody Fusion is not medically necessary.