

Case Number:	CM14-0006900		
Date Assigned:	02/07/2014	Date of Injury:	04/11/2011
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient is a 61-year-old male with a date of injury of April 11, 2011. He injured his back lifting a heavy box. He had a prior microdiscectomy at L4-5 in December 2013. He continues to complain of chronic back pain and pain in the left leg. On physical examination he has extensor hallucis longus (EHL) muscle weakness and tibialis anterior weakness. The patient had positive straight leg raise and painful lumbar range of motion. An x-ray revealed degeneration of the L4-5 and L5-S1, with spondylolisthesis at L4-5. An MRI reveals disc protrusion with foraminal stenosis at L4-5. At L5-S1 there is disc degeneration collapse of the disc. The treatment to date has indicated that the patient has had physical therapy, lumbar epidural steroid injection (ESI), activity modification and medications. The patient had previous L4-5 microdiscectomy surgery. At issue is whether spinal surgery fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 ANTERIOR POSTERIOR FUSION WITH INSTRUMENTATION SPINAL CORD MONITORING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Low Back Chapter); and the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, Criteria for Instability, Page 379.

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

Decision rationale: This patient does not meet the established criteria for lumbar fusion surgery at this time. Specifically, there is no mention of significant neurologic deficit in the lower extremities in the medical records. The imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. In addition, there is no documented radiographic evidence of instability. The medical records indicate that there is abnormal motion on flexion-extension at L4-5; however, this is not quantified. There is no official read by a radiologist documenting more than 4.5 mm abnormal motion and a lumbar segment. The patient had a previous L4-5 discectomy surgery, but there is no evidence of frank instability documented clearly in the medical records. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. The MTUS/ACOEM Guidelines indicate that fusion surgery performed in patients without evidence of instability and with multiple levels of lumbar disc degeneration on imaging studies is not more likely than conservative measures to relieve chronic back pain symptoms. The existing literature does not support the use of multilevel fusion surgery for discogenic back pain. Surgery for lumbar fusion is not medically necessary in this patient.