

Case Number:	CM14-0008355		
Date Assigned:	02/12/2014	Date of Injury:	02/15/2010
Decision Date:	08/06/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 patient is a 39-year-old male with a 2/15/10 date of injury. 11/4/13 Pain management recommended a spinal cord stimulator, if the patient is deemed a non-surgical candidate. Neurological examination was unremarkable, and SLR was negative. 7/15/13 surgical evaluation described ongoing axial low back pain and the need for surgical treatment, due to failure of conservative treatment. No focal neurological deficits were noted. On 5/31/13, lumbar MRI revealed degenerative discopathy at L2-3 and L3-4. At L2-3, there was a 3-4 mm left sided disc extrusion; excluded disc encroaches upon the ventral aspect of the cal sac and abuts the left sided intrathecal nerve roots at this level. At L3-4, there was a very small broad bulge, but no notable neurocompression. A second opinion by [REDACTED] indicated that the patient should attempt weight loss, and that the patient may not be a surgical candidate. Treatment to date has included PT, activity modification, lumbar ESI, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT DIRECT LATERAL APPROACH L2-3 DISCECTOMY AND
INTERBODY FUSION BY [REDACTED] WITH ASSISTANT:**

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Official Disability Guidelines (ODG) and on the Non-MTUS AMA Guides.

Decision rationale: Medical necessity for the requested L2-3 decompression/fusion is not established, as a guideline criterion was not met. This request obtained an adverse determination due to lack of instability at the requested level. There was note of 3 level degenerative disc disease at L2-3, L3-4, and L5-S1. In context of this appeal, there remains no documentation of loss of motion segment integrity greater than 4.5 mm in the lumbar spine. The request remains unsubstantiated. Therefore, the request is not medically necessary.