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| Case Number: | CM14-0104788 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/13/2011 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Spine 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:

According to the records made available for review, this is a 50-year-old female with a December 13, 2011 date of injury. At the time of Decision for Direct Lateral Fusion of L3-4 Followed by Posterior Instrumentation and Decompression, there is documentation of subjective (low back pain and numbness in the left leg) and objective (tenderness to palpitation of the lumbar paraspinal muscles bilaterally, palpable muscle spasm, positive straight leg raise test, restricted range of motion of the lumbar spine, and hypoesthesia in the left L5 dermatome) findings, imaging findings (Reported MRI of the lumbar spine (2013) revealed multilevel disc degeneration, collapse at L4-5 and L5-S1, and facet arthropathy at L3-4 with a mild degenerative spondylolisthesis; report not available for review), current diagnoses (degenerative spondylolisthesis at L3-4, lumbar strain with herniated disc, facet arthropathy at L3-4, and spinal stenosis), and treatment to date (physical therapy, Epidural Steroid injection, chiropractic treatments and medications). There is no documentation of an imaging report in concordance between radicular findings on radiologic evaluation and physical exam findings and an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Direct lateral fusion of L3-4 followed by posterior instrumentation and decompression:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of degenerative spondylolisthesis at L3-4, lumbar strain with herniated disc, facet arthropathy at L3-4, and spinal stenosis. In addition, given documentation of subjective (low back pain radiating to the left leg) and objective (hypoesthesia in the left L5 dermatome) findings, there is documentation of lower leg symptoms in the distribution with accompanying objective signs of neural compromise. Furthermore, there is documentation of failure of conservative treatment. However, despite documentation of the medical reports' reported imaging findings (MRI of the lumbar spine identifying multilevel disc degeneration, collapse at L4-5 and L5-S1, and facet arthropathy at L3-4 with a mild degenerative spondylolisthesis), there is no documentation of an imaging report in concordance between radicular findings on radiologic evaluation and physical exam findings. In addition, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for a direct lateral fusion of L3-4 followed by posterior instrumentation and decompression is not medically necessary or appropriate.