

Case Number:	CM14-0015192		
Date Assigned:	02/28/2014	Date of Injury:	06/13/2013
Decision Date:	10/03/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Pennsylvania. 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 claimant is a 48-year-old gentleman who sustained a low back injury on June 13, 2013 when he fell backwards out of a chair. The medical records provided for review document that conservative measures have been utilized. The report of the MRI dated July 11, 2013 identified degenerative spondylitic changes at multiple levels. Specific to the L3-4 level, there was bilateral foraminal stenosis, moderate degenerative changes and disc bulging. There is no indication of flexion or extension instability on imaging for review. The clinical assessment on January 13, 2014 noted continued complaints of low back pain and right leg radiculopathy. Physical examination findings showed a positive right-sided straight leg raise, but no motor, sensory, or reflexive change. This request is for an L3-4 lumbar fusion with hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINAL TRANSFORAMINAL INTERBODY FUSION WITH PEDICLE SCREW, L3-4 QUANTITY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition, Low Back Chapter

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

Decision rationale: California ACOEM Guidelines do not support the request for an L3-4 fusion. ACOEM Guidelines recommend that 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. While the clinical records indicate ongoing low back and right leg radicular complaints, there is no documentation of segmental instability at the L3-4 level to necessitate the need for a fusion. This is coupled with the claimant's recent physical examination findings that showed diffuse straight leg testing, but no indication of specific radicular component at the L3 or L4 level. Without segmental instability, the role of operative procedure in this case would not be supported. Therefore, the request for transforaminal interbody fusion with pedicle screw, L3-4 quantity: 1 is not medically necessary and appropriate.

POST-OP [REDACTED] BRACE QUANTITY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 1, page 9; Low Back Complaints, Chapter 12, page 298, 301. Page 9; "The use of back belts as lumbar supports should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." Page 298; "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Page 301; "Lum

Decision rationale: The proposed surgery of an L3-4 fusion is not recommended as medically necessary. Therefore, the request for the postoperative use of an [REDACTED] brace is also not medically necessary.