

Case Number:	CM14-0116966		
Date Assigned:	08/04/2014	Date of Injury:	04/14/2010
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 62-year-old gentleman who injured his low back in a work-related motor vehicle accident on 04/10/10. Clinical records provided for review document that following a course of conservative care, the claimant underwent a right L4-5 micro discectomy in October 2010. The 06/25/14 progress report noted ongoing complaints of axial low back pain with right greater than left leg pain. The report of a myelogram on 06/06/14 showed spinal stenotic changes at L4-5 and L5-S1. The L4-5 level had a questionable slight impression upon the exiting L5 nerve root as a result of hypertrophic changes to the facet joints and circumferential disc bulging. The progress report documented that conservative treatment has included epidural injections, medication management and physical therapy. There was no documentation of examination findings at the 06/25/14 assessment. The claimant was diagnosed with post laminectomy syndrome. The recommendation was made for revision laminectomy with interbody fusion was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Revision Laminectomy at L4-L5 with Transforaminal Lumbar Interbody Fusion, Bilateral L4-5 Facetectomy, and Post Instrumental Fusion Treatment: 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 (updated 7/3/14) Fusion (spinal).

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

Decision rationale: California MTUS ACOEM Guidelines recommend that surgical fusion can be beneficial for trauma related spinal fracture, dislocation or segmental instability after previous level of decompression. The documentation indicates that the claimant had a prior surgical discectomy at the L4-5 level, but there is no documentation of segmental instability on imaging or clinical correlation of acute physical examination findings at the L4-5 level to necessitate need for revision surgical procedure or fusion process. Therefore, in absence of segmental instability or progressive neurologic dysfunction, the request for Surgical Revision Laminectomy at L4-L5 with Transforaminal Lumbar Interbody Fusion, Bilateral L4-5 Facetectomy, and Post Instrumental Fusion at the requested surgical level cannot be recommended as medically necessary.