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| Case Number: | CM14-0116968 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 07/30/2012 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/02/2014 |
| 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 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 claimant is a 41-year-old gentleman who injured his low back in work related accident on 07/30/12. Records provided for review document conservative treatment has included epidural steroid injections, chiropractic measures, physical therapy and medication management. The 01/22/13 electrodiagnostic study report revealed chronic left L5 radiculopathy. The report of an MRI dated 01/28/14 identified at the L4-5 level mild disc desiccation, the L5-S1 level also had disc desiccation and resolution of a previous 7 millimeter left paralateral disc protrusion. There is no indication of compressive findings. Follow up clinical report of 03/27/14 showed continued complaints of low back pain with radiating pain to the lower extremities. Examination showed diminished sensation in the bilateral L5 and S1 dermatomal distribution with tenderness and spasm to palpation. Based on failed conservative care, a two level L4-5 and L5-S1 interbody fusion with instrumentation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion, Instrumentation and Bone grafting at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Fusion (Spinal).

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

Decision rationale: Based on California ACEOM Guidelines, the request for Transforaminal Lumbar Interbody Fusion, Instrumentation and Bone grafting at L4-5 and L5-S1 is not recommended as medically necessary. ACOEM Guidelines recommend fusion surgery is the presence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment to be operated on. The medical records do not contain any documentation of segmental instability at the L4-5 or L5-S1 level. There is also currently no indication of compressive pathology on recent imaging for review. Without documentation of progressive neurologic findings or segmental instability, this individual would fail to satisfy ACOEM Guideline criteria for the proposed surgery.