

Case Number:	CM14-0129446		
Date Assigned:	08/18/2014	Date of Injury:	06/07/2013
Decision Date:	09/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 54-year-old who injured his low back in a work related accident on 06/07/13. Clinical records provided for review include the report of an MRI dated 08/01/13 identifying disc bulging at the L2-3, L3-4, L4-5, and L5-S1 level and mild foraminal narrowing left greater than right. There was no documentation of imaging identifying segmental instability. Plain film radiographs showed mild degenerative change but no instability. Electrodiagnostic studies dated 08/23/14 reveal chronic S1 irritation. The office note dated of 07/16/14 noted low back complaints with examination findings showing normal sensation to the lower extremities and no motor or reflexive findings. Based on failed conservative care, recommendations were for a two level L4-5 and L5-S1 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion at L4-L5, I5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

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

Decision rationale: Based on California ACOEM Guidelines, the request for a transforaminal lumbar interbody fusion at L4-L5 and L5-S1 is not recommended as medically necessary. ACOEM Guidelines state 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. The medical records provided for review do not contain any documentation of segmental instability at the claimant's L4-5 or L5-S1 level to support the need for a fusion procedure. With no indication of segmental instability or formal physical examination findings demonstrating compressive findings of the lower extremities with no motor sensory or reflexive change, the need of fusion at the two requested levels is not medically necessary.

Physical therapy x 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (ICD9 722.1; 722.2; 722.5; 722.6; 722.8).

Decision rationale: The request for a transforaminal lumbar interbody fusion at L4-L5 and L5-S1 is not recommended as medically necessary. Therefore, the request for six sessions of postoperative physical therapy is also not medically necessary.

Orthopedist follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for a transforaminal lumbar interbody fusion at L4-L5 and L5-S1 is not recommended as medically necessary. Therefore, the request for orthopedist follow up for postoperative assessment is also not medically necessary.