

Case Number:	CM14-0184547		
Date Assigned:	11/12/2014	Date of Injury:	04/18/2003
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in 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 69-year-old male with a 4/18/03 date of injury, and status post lumbar laminectomy 04 and fusion 07. At the time (10/16/14) of request for authorization for 1 anterior interbody fusion at L2-L3, left transpoas approach with allograft between 10/13/2014 and 11/27/2014, and 1 L2-L5 revision posterior spinal instrumentation fusion, L2-L3 laminectomies, removal of instrumentation, exploration of fusion, local bone autograft and allograft between 10/13/2014 and 11/27/2014, there is documentation of subjective (low back pain, left leg pain) and objective (lumbar spine tenderness to palpation over the facets, paravertebral spasms, positive straight leg raise at 70 degrees on the right and 30 degrees of the left, antalgic gait, intact sensation, DTRs 2+ and symmetric, 4/5 muscle strength hip flexion and knee flexion on the left, 4/5 muscle strength knee extension right and 3/5 on the left, 4/5 muscle strength ankle dorsiflexion on the right and 3/5 on the left, and 4/5 muscle strength of left plantar flexion; 4+/5 in the left tibialis anterior) findings, imaging findings (lumbar spine CT myelogram (2/3/14) report revealed moderate to severe degenerative disc disease and narrowing at the L2-3 interspace, associated with mild grade 1 degenerative retrolisthesis, without associated spondylosis, moderate bilateral facet arthropathy, and suggestion of a soft-herniated disc, moderate to severe central spinal stenosis), current diagnoses (lumbar post laminectomy syndrome, lumbar/lumbosacral disc degeneration, and lumbosacral neuritis NOS), and treatment to date (medications, spinal cord stimulator, TENS, epidural steroid injection, lumbar facet blocks, radiofrequency, and physical therapy). There is no documentation of 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:

1 anterior interbody fusion at L2-L3, left transpsoas approach with allograft between 10/13/2014 and 11/27/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy

Decision rationale: The 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 (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome, lumbar/lumbosacral disc degeneration, and lumbosacral neuritis NOS. In addition, there is documentation of lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month and failure of conservative treatment. However, 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 1 anterior interbody fusion at L2-L3, left transpsoas approach with allograft between 10/13/2014 and 11/27/2014 is not medically necessary.

1 L2-L5 revision posterior spinal instrumentation fusion, L2-L3 laminectomies, removal of instrumentation, exploration of fusion, local bone autograft and allograft between 10/13/2014 and 11/27/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy

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