

Case Number:	CM14-0026548		
Date Assigned:	03/05/2014	Date of Injury:	07/07/1986
Decision Date:	04/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Spine Surgery, and is licensed to practice in Texas. 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 patient is a 55-year-old male who reported an injury on 7/7/86. The mechanism of injury was not provided for review. The patient underwent an MRI in March 2011 that concluded the patient had mild degenerative disc disease at L4-5 and L5-S1 with no significant spinal canal stenosis or neural foraminal stenosis. There was evidence of a 5.5mm posterior disc bulge at the L5-S1. The patient underwent an electrodiagnostic study in September 2013 that documented no evidence of radiculopathy or findings consistent of peripheral polyneuropathy. The patient's most recent clinical evaluation documented tenderness to palpation along the distal lumbar segments with limited range of motion secondary to pain, and radicular pain patterns in the lower extremities consistent with left-sided more than right-sided S1 root involved radiculopathy. A recommendation was made for an L4-S1 posterior lumbar interbody fusion with possible L3-4 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR INTERBODY FUSION AT L4-S1 WITH POSSIBLE FUSION AT L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: The ACOEM recommends fusion surgery for patients who have evidence of spinal instability. Clinical documentation submitted for review does not provide any evidence that the patient has any significant spinal instability. Additionally, the imaging study indicates that the patient has a disc bulge at the L5-S1 level. However, there is no documentation that the patient has undergone any lesser surgical intervention that has failed to provide symptom relief for this patient. There is no documentation that decompression surgery at the L5-S1 would cause significant instability to support the need for a multilevel fusion. The ACOEM does not recommend multilevel fusion surgery on the basis of radicular complaints alone. As such, the requested posterior lumbar interbody fusion at the L4-S1 with possible fusion at the L3-4 is not medically necessary or appropriate.