

Case Number:	CM14-0028446		
Date Assigned:	06/13/2014	Date of Injury:	02/13/2012
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

This is a 41-year-old gentleman who injured his low back on 2/13/12. The medical records provided for review document that conservative treatment has included physical therapy, medication management, lumbar epidural steroid injections, and activity restrictions. The report of a lumbar MRI dated 11/26/13 identified a paracentral disc protrusion with left lateral recess effacement at the L5-S1 level. The follow up orthopedic assessment dated 2/3/14 noted low back pain with weakness of the right lower extremity. Physical examination identified right gastrocnemius weakness with toe raises, but full strength noted in the quadriceps, tibialis anterior, and extensor hallucis longus. The report of flexion/extension radiographs on that date showed retrolisthesis of L5-S1 but no evidence of instability. The recommendation was made for an L5-S1 anterior discectomy and instrumented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR DISCECTOMY AND INSTRUMENTED ARTHRODESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 an L5-S1 anterior discectomy and instrumented arthrodesis cannot be recommended as medically necessary. The ACOEM Guidelines support a lumbar fusion when there is evidence of spinal instability. The documentation indicates that the claimant has a disc protrusion and concordant weakness on examination; there is currently no documentation of segmental instability on imaging that would necessitate the need for a fusion procedure. Therefore, the request for arthrodesis with instrumentation for the claimant in absence of instability would not be supported as medically necessary.