

Case Number:	CM14-0075058		
Date Assigned:	07/16/2014	Date of Injury:	06/18/2012
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 Neurology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 3/18/13 report notes procedure performed of left lumbar hemilaminotomy at L4, left L4-5 foraminotomy and left L4-5 subtotal discectomy. A 12/10/13 report notes continued low back pain. MRI of 11/18/13 is reported to show normal lordosis with a total disc space collapse at L4-5 and advanced DJD with prominent osteophytic ridging. There is no listhesis noted. A 10/30/13 PT note indicates minimal decrease in pain complaints but improved sleep. There is reduced strength in the bilateral lower extremity muscles with report of inhibition due to pain. There is reduced ROM in the lumbar spine. The treating provider noted functional status has improved with subjective and objective findings improving with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion @ L4-5 with space, allograft, and plating, followed by a posterior lumbar fusion L4-5 with interspinous fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Low Back Chapter, AMA Guides, 5th Edition, page 382-383 and the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition Instability page 379.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, laminectomy/laminotomy.

Decision rationale: The medical records provided for review do not indicate documentation of any new or progressive neurologic deficits or findings supporting spine instability in support of performing surgery. There is no indication of spinal stenosis or condition for which surgery has demonstrated functional benefit congruent with ODG guidelines. Therefore, the request for anterior lumbar interbody fusion @ L4-5 with space, allograft, and plating, followed by a posterior lumbar fusion L4-5 with interspinous fixation is not medically necessary and appropriate.