

Case Number:	CM14-0085949		
Date Assigned:	07/23/2014	Date of Injury:	02/15/2011
Decision Date:	09/25/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/09/2014

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:

According to the records made available for review, this is a male with a 2/15/11 date of injury. At the time (5/14/14) of the request for authorization for L3-4 fusion anterior and posterior, there is documentation of subjective (no improvement in his symptoms) and objective (tenderness to palpation over the paraspinal musculature, diminished sensation over the left L4 dermatome) findings, imaging findings (MRI lumbar spine (4/25/14) report revealed L3-4 diffuse disc protrusion with effacement of the thecal sac. Disc material and facet hypertrophy causing bilateral stenosis of neuroforaminal that effaces the right and encroaches the left L4 exiting nerve roots), current diagnoses (L4 radiculopathy), and treatment to date (medication and physical therapy). Medical report identifies that the fusion will be necessary since previous decompression already removed 50% of the facets and any additional decompression would cause iatrogenic instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 fusion anterior and posterior: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic low back problems.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG: Low Back Discectomy/laminectomy and Fusion (spinal).

Decision rationale: 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 which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of L4 radiculopathy. In addition, there is documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy) and accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month; Failure of conservative treatment; and an Indication for fusion (a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L3-4 fusion anterior and posterior is medically necessary.