

Case Number:	CM13-0035752		
Date Assigned:	12/13/2013	Date of Injury:	01/11/2008
Decision Date:	02/26/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 60 year old female who was injured in a work related accident on 01/11/08. The clinical records for review relative to the claimant's lumbar spine included a 06/05/13 assessment noted a diagnosis of lumbar radiculopathy, disc collapse, and instability. The present complaints included low back pain with radiating lower extremity pain, left greater than right. Neurological examination showed 4/5 strength to the left hip flexors, dorsiflexors, plantar flexors, and hamstrings with sensory loss noted at the anterior thigh and dorsal aspect of the left foot. MR imaging reviewed from 09/25/12 showed a disc herniation at the L3-4 level with a 3 millimeter disc herniation and bilateral facet hypertrophy with neuroforaminal narrowing. At L4-5, there was noted to be a 4 millimeter disc protrusion with severe spinal stenosis from hypertrophy of the facet joints. There was also noted to be disc collapse at both of the abovementioned levels. Further clinical imaging was unavailable. It was noted that the claimant had failed conservative care. A two level fusion at the L3-4 and L4-5 level is now being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interbody Fusion at L3-4: Overturned

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

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the surgical fusion would not be indicated. While the clinical records demonstrate disc herniations and stenotic findings, there is no current indication of segmental instability at the L3-4 and L4-5 levels to necessitate an acute need for a fusion process. ACOEM Guideline criteria would only recommend the role of a fusion in the setting of segmental instability, spinal fracture, or dislocation. The absence of these findings would fail to necessitate the surgical process as stated.

L4-5 level using the left transpedicular approach with posterior instrumentation and a minimal invasive technique: Upheld

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

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the surgical process would not be indicated. While the clinical records demonstrate disc herniations and stenotic findings, there is no current indication of segmental instability at the L3-4 and L4-5 levels to necessitate an acute need for a fusion process. ACOEM Guideline criteria would only recommend the role of a fusion in the setting of segmental instability, spinal fracture, or dislocation. The absence of the above would fail to necessitate the surgical process as stated.