

Case Number:	CM14-0137783		
Date Assigned:	09/05/2014	Date of Injury:	11/27/2000
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 injured worker is a 62 year old female who sustained an injury on 11/27/00. No specific mechanism of injury was noted. The injured worker is status post L4-S1 lumbar fusion with ongoing complaints of low back pain radiating to the bilateral lower extremities. Interval non-operative treatment has included multiple medications to include NSAIDs and analgesics. Radiographs were reported to show severe stenosis at L2-3 and L3-4. These were done in office. MRI studies of the lumbar spine dated 05/14/14 noted disc protrusions at L2-3 and L3-4 with noted canal stenosis more severe at L3-4 with a migrated disc fragment present contributing to the amount of central stenosis. The evaluation on 06/16/14 noted a normal motor exam. The proposed transforaminal lumbar interbody fusion from L2-L4 was denied on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Infusion L2-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: In review of the clinical documentation provided, this reviewer would not recommend surgical intervention at L2-L4 as requested. The injured worker continued to report ongoing low back pain radiating to the lower extremities that had not improved with continuing medications. The injured worker's physical exam findings were stable and imaging noted severe stenosis at L3-4 that would have supported decompression and likely lumbar fusion at this level to prevent instability from occurring. However, there are no indications that the L2-3 level is symptomatic and would require any surgical procedures. There was no indication of any substantial degenerative disc disease at this level to support including this level into the surgical construct. As such, this request is not medically necessary.