

Case Number:	CM14-0138519		
Date Assigned:	09/05/2014	Date of Injury:	03/21/2013
Decision Date:	10/09/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/27/2014

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 Neurological 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:

The records presented for review indicate that this male employee was reportedly injured on March 21, 2013. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the right lower extremity with numbness and tingling. The physical examination demonstrated decreased lumbar spine range of motion, decreased sensation at the right lateral thigh, lateral calf, and plantar aspect of the foot; positive right sided straight leg raise test. Diagnostic imaging studies of the lumbar spine reveals a disc bulge at L4 to L5 and evidence of a prior hemi laminectomy and discectomy at this level. Previous treatment includes a lumbar spine hemi laminectomy and discectomy. A request was made for a fusion at L4 to L5 with a redo decompression and instrumentation at L4 to L5 and was not certified in the preauthorization process on August 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral interbody fusion with interbody fusion cage at L4-L5 (XLIF) combined with a redo posterior decompression (laminectomy) and instrumental spinal fusion L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Low Back Procedure Summary

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 - Lumbar and Thoracic, Fusion, Spinal, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for lumbar fusion includes a neural arch defect with spondylolisthesis or objectively demonstrated both segmental instability. There are no radiographs of the lumbar spine that demonstrate any instability at L4 to L5. As such, this request for a fusion at L4 to L5 with a decompression and instrumentation is not medically necessary.