

Case Number:	CM14-0163438		
Date Assigned:	10/08/2014	Date of Injury:	01/31/1983
Decision Date:	11/07/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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:

Note of 08/19/14 indicates the insured complains of progressing back and leg pain. The insured is reported to have been recommended for an L3 to S1 decompression stabilization. Physical exam reports 4/5 strength in the iliopsoas bilaterally. The rest of the motor exam was unchanged. MRI reports significant degenerative disc disease at L3-L4 through L5-S1 with disc desiccation, disc space narrowing, associated bulging as well as endplate changes. The treating physician recommended that there were no other options for the insured other than surgery. 08/04/14 note indicated longstanding back and leg pain. There had been an IDET procedure in 1995 with no efficacy. In 2001, the insured had undergone lumbar decompression surgery which improved pain but did not resolve it. Pain worsened in 2005. Examination reports 4/5 generalized weakness in bilateral lower extremities. There is diminished sensation over the bilateral lower extremities more so on the right and was recommended for further surgery. MRI lumbar spine 03/25/13 indicated degenerative disc disease at L3-L4, L4-L5, L5-S1. There was facet arthropathy with moderate to severe foraminal stenosis at bilateral L4-L5 and severe foraminal at bilateral L5-S1 with lateral recess stenosis at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 2 level XLIF at L3-4 and L4-5 followed by L3-S1 decompressions including the facetectomies as indicated an L5-S1 PLIF with L3-S1 fusion posteriorly: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter, Fusion (Spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back, fusion

Decision rationale: ODG supports Indications for spinal fusion may include: (1) Neural Arch Defect - Spondylolytic spondylolisthesis, congenital neural arch hypoplasia. (2) Segmental Instability (objectively demonstrable) - Excessive motion, as in degenerative spondylolisthesis, surgically induced segmental instability and mechanical intervertebral collapse of the motion segment and advanced degenerative changes after surgical discectomy, with relative angular motion greater than 20 degrees. (3) Primary Mechanical Back Pain (i.e., pain aggravated by physical activity)/ Functional Spinal Unit Failure/Instability, including one or two level segmental failure with progressive degenerative changes, loss of height, disc loading capability. The medical records support the presence of severe degenerative condition with neurologic changes (weakness) noted. The condition has not improved despite conservative care. With the noted weakness on exam corroborated by MRI findings, the medical records support necessity for surgery.