

Case Number:	CM14-0165357		
Date Assigned:	10/09/2014	Date of Injury:	04/19/2014
Decision Date:	11/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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 53-year-old male with a 4/19/14 date of injury. At the time (9/3/14) of request for authorization for Minimally Invasive Transforaminal Translaminar Lumbar Interbody Fusion L4-5, L5-S1, Post-Operative Lumbar Brace, and Pre-Operative Medical Clearance, there is documentation of subjective (back pain) and objective (decreased thoracolumbar range of motion and decreased left calf circumference) findings, imaging findings (reported MRI lumbar spine (7/18/14) revealed spondylolisthesis at L4-5 and neuroforaminal stenosis at L5-S1), current diagnoses (grade 1 spondylolisthesis at L4-5 with hypermobility, retrolisthesis at L5-S1, and bilateral L5-S1 neuroforaminal stenosis), and treatment to date (physical therapy and medications). Medical report identifies that interbody fusion will stabilize the spondylolisthesis as well as indirectly increase the diameter of the neural foramen at both levels. There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise; and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally Invasive Transforaminal Translaminar Lumbar Interbody Fusion L4-5, L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 grade 1 spondylolisthesis at L4-5 with hypermobility, retrolisthesis at L5-S1, and bilateral L5-S1 neuroforaminal stenosis. In addition, given documentation of treatment to date (physical therapy and medications), there is documentation of failure of conservative treatment. Furthermore, given documentation that interbody fusion will stabilize the spondylolisthesis as well as indirectly increase the diameter of the neural foramen at both levels, there is documentation of an Indication for fusion. However, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise. In addition, despite documentation of the medical report's reported imaging findings (spondylolisthesis at L4-5 and neuroforaminal stenosis at L5-S1), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Minimally Invasive Transforaminal Translaminar Lumbar Interbody Fusion L4-5, L5-S1 is not medically necessary.

Post operative lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.