

Case Number:	CM14-0094814		
Date Assigned:	07/25/2014	Date of Injury:	02/13/2013
Decision Date:	10/21/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Spine 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 61-year-old male who reported an injury on 02/13/2013 after lifting a large television. The patient underwent a myelogram of the lumbar spine on 04/01/2014 that documented degenerative disc protrusions at the L2-3, L3-4, and L4-5 levels. The injured worker also underwent a CT scan of the lumbar spine on 04/01/2014 that documented multilevel degenerative disc disease. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 05/19/2014. It was documented that the injured worker had ongoing low back pain. Physical findings included 4+/5 motor strength of the right knee extensors, 1+ reflexes of the bilateral ankles with hypersensitivity in the right lateral and anterior thigh. The injured worker's treatment plan included anterior/posterior fusion at the L3-4. A request for authorization dated 05/21/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior-Posterior fusion at L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested anterior/posterior fusion at the L3-4 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have documented instability that have failed to respond to conservative treatment and radicular findings consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has multilevel degenerative changes. However, there is no definitive evidence of instability or severe canal stenosis requiring decompression that could contribute to intraoperative instability. The American College of Occupational and Environmental Medicine also recommends a psychological evaluation prior to spine surgery. The clinical documentation fails to provide any evidence that the patient has undergone any type of psychological evaluation to support surgical intervention. As such, the requested anterior posterior fusion at the L3-4 is not medically necessary or appropriate.