

Case Number:	CM13-0024425		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2012
Decision Date:	09/19/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/16/2013

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 63-year-old male with a 2/28/12 date of injury, and C5-C6 discectomy and anterior plate fusion on 10/5/12. At the time of the decision for an anterior discectomy followed by posterior instrumented fusion at L5-S1, there is documentation of subjective (low back pain associated with pinprick sensation on left dorsum) and objective (tenderness over the lumbosacral area, positive bilateral straight leg raising test, diminished bilateral strength on plantar and dorsiflexion, and loss of sensation on left L5 dermatome) findings. Imaging findings include an MRI of the lumbar spine that revealed 3-4 mm grade I anterolisthesis along with thickening of the ligamentum flavum, 2-3 mm diffuse posterior bulging contributing to mild to modest central spinal canal stenosis, mild to moderate right and minimal left inferior neural foraminal stenosis, and severe bilateral facet arthropathy at L5-S1. Current diagnoses includes lumbar spine spondylosis. Treatment to date includes medications, steroid injections, and physical therapy. There is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR DISCECTOMY FOLLOWED BY POSTERIOR INSTRUMENTED FUSION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy.

Decision rationale: ACOEM Guidelines 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 Guidelines identifies documentation of Symptoms/Findings that confirm the 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. In addition, ODG identifies documentation of spinal instability (lumbar inter-segmental movement of more than 4.5 mm) as criteria necessary to support the medical necessity of fusion. Despite documentation of an imaging finding of 3-4 mm grade I anterolisthesis, there is no documentation of an indication for fusion or a statement that decompression will create surgically induced instability. Therefore, based on guidelines and a review of the evidence, the request for anterior discectomy followed by posterior instrumented fusion at L5-S1 is not medically necessary.