

Case Number:	CM14-0152360		
Date Assigned:	10/01/2014	Date of Injury:	12/10/2002
Decision Date:	11/05/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 71-year-old female who reported an injury on 12/10/2002. The mechanism of injury involved heavy lifting. The current diagnoses include lumbar spinal canal stenosis, grade 1 spondylolisthesis, L3-4 grade 1 spondylolisthesis, and disc protrusion at L5-S1. The injured worker was evaluated on 08/20/2014. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, and acupuncture. The injured worker presented with complaints of persistent lower back pain with numbness in the bilateral lower extremities. Physical examination revealed diminished lumbar range of motion, normal motor strength, intact sensation, a normal gait, and positive straight leg raising test. Treatment recommendations at that time included a lumbar decompression with fusion at L3-4, L4-5, and L5-S1. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 04/08/2014 which indicated disc desiccation with an annular bulge at L3-4 causing central canal and foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional level for lumbar decompression with fusion to include L3-4: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker received authorization for an L4-5 and L5-S1 decompression and fusion. The Official Disability Guidelines recommend a spinal fusion for spine pathology that is limited to only 2 levels. As such, the request cannot be determined as medically appropriate at this time.