

Case Number:	CM13-0008230		
Date Assigned:	12/27/2013	Date of Injury:	01/09/2000
Decision Date:	06/03/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/07/2013

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:

Based on the previous non-certification, the claimant sustained an injury to the low back region on January 9, 2000. The mechanism of injury was reportedly moving heavy equipment. The claimant reportedly has low back pain with intermittent pain into the bilateral lower extremities. There is mention that a discogram study was accomplished and produced concordant pain at the L5-S1 level. The previous reviewer also indicated that the discogram study was positive at the L3-4 level. The actual report was not provided to be reviewed. The claimant reportedly experienced relief in the back pain following an L4-5 and S1 injection. The treating provider is reportedly requesting surgery to include a disc excision with an anterior interbody fusion at the L5-S1 level. A psychological evaluation from October 25, 2013 is provided and indicated that the claimant had no contraindications for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR RECONSTRUCTIVE SURGERY AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), CHAPTER 12, PAGE 306-307, ONLINE EDITION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 306-307.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a surgical discectomy is only supported for individuals with nerve root compression that failed conservative treatment. A fusion of the spine is only supported for segmental instability of the lumbar spine. No physical examination findings have been presented to be reviewed and no official MRI or imaging study reports were available to be reviewed. The guidelines would not support proceeding with a discectomy unless there were objective findings of neural compression on physical examination findings as well as imaging studies. There are no physical examination findings demonstrating a lumbar radiculopathy to support the medical necessity of a discectomy at the L5-S1 level. A lumbar radiculopathy consists of loss of sensation in a specific dermatomal pattern, loss of strength in a specific myotomal pattern, and loss of deep tendon reflexes. None of those findings were demonstrated or documented. For a spinal fusion, there must be instability of the spine. Medical records presented to be reviewed do not document any instability of the spine or translation of the L5 on S1 to support the medical necessity of a fusion. It was also noted that the claimant had concordant back pain about the L5-S1 and the L3-4 level and therefore all pain generators have not been identified and addressed with the planned surgical intervention. The medical records do not provide the computerized tomography (CT) scan or the discography report to confirm those findings. There was no documentation of lower levels of care. The only additional information presented to be reviewed appears to be a psychological evaluation, which indicates that the claimant does not have any contraindications from a psychological standpoint for surgical intervention. The request remains non-certified.