

Case Number:	CM13-0018256		
Date Assigned:	12/18/2013	Date of Injury:	09/27/2011
Decision Date:	02/28/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Spine Surgery and is licensed to practice in New York. 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 physician 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 patient complains of chronic back pain. His pain radiates down both lower extremities. He has multilevel degenerative disc condition to the lumbar spine. He has had extensive conservative management to include 2 lumbar epidural steroid injections which each provided 70% relief of pain. His back pain has recurred. On physical examination, he has tenderness to palpation of the lumbar spine. He has reduced range of motion in the lumbar spine. Neurologic examination reveals normal patellar reflexes and diminished bilateral Achilles reflexes. Motor examination shows normal motor strength with the exception of 5 minus over 5 bilateral ankle flexion ankle extension and great toe extension. Sensory examination is decreased along the L5 and S1 dermatomes bilaterally. Straight leg raising is positive bilaterally at 60°. MRI from May 2013 shows L5-S1 and L4-5-2 millimeter disc bulges with associated degenerative disc condition. L3-4 has a 3.5 mm disc bulge and facet arthropathy. An EMG study from June 2012 reveal bilateral L5 radiculopathy. At issue is whether lumbar surgeries are medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Surgery at L3-4, L4-5, L5-S1 anterior, posterior discectomy, decompression and fusion with instrumentation and medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence, MTUS, page 307.

Decision rationale: This patient does not meet criteria for lumbar decompression and fusion surgery. Specifically, the patient's lumbar MRI imaging studies do not demonstrate evidence of severe stenosis and severe nerve root compression. There is also no evidence of spinal instability documented on the imaging study. The patient's physical examination does not correlate with specific radiculopathy on physical examination that relates to specific nerve root compression on MRI imaging studies. Also, the patient has no red flag indicators for spinal surgery such as fracture, tumor, or worsening neurologic deficit. Established criteria for spinal decompression and fusion surgery are not met in this case.