MAXIMUS Federal Services

Case Number:	CM13-0023928		
Date Assigned:	11/15/2013	Date of Injury:	06/16/2011
Decision Date:	01/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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 Orthopedic Surgery, has a subspecialty in Spine 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 27-year-old male with reported date of injury of 07/2011. The mechanism of injury was described as cumulative trauma to his low back with radiation to his right leg with numbness and tingling over a 5 year period of employment. He was seen in clinic on 10/04/2012 and electrodiagnostic studies were considered normal of the bilateral lower extremities. MRI done 10/11/2012 revealed a small broad based right posterolateral protrusion at L5-S1 with mild effacement of the right S1 nerve root. There was chronic bilateral spondylolysis at L5 without spondylolisthesis. When he was examined on 01/11/2013, seated and supine straight leg raise was negative, lower extremity strength was 5/5 bilaterally, he had decreased sensation along the L4, L5, and S1 dermatomes on the right, and he had 1+ knee jerk on the right 2+ on the left and 1+ ankle jerk on the right and 2+ on the left. Urine drug screen on 07/31/2013 finding positive for methamphetamine and ethyl glucuronide and other illicit drugs unspecified. It was also positive for amphetamines. When he was seen on 10/14/2013, sensation was considered normal bilaterally from T1 to S1, motor strength was 5/5 in all muscle groups tested, and knee jerks were 2 bilaterally, as were ankle jerks. Diagnosis was musculoligamentous strain of the thoracic spine, musculoligamentous strain of the lumbosacral spine with disc protrusion at L5-S1 causing ongoing L5 radiculopathy. Plan at that time was to proceed with a lumbar fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine fusion L5-S1: 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): 305-307.

Decision rationale: Rationale for why the requested procedure is not medically necessary is this request is for a lumbar fusion at L5-S1. He has reported in the past that he has radicular symptoms and that his toe and ankle reflexes were depressed on the right compared to the left and sensation was decreased at L4, L5, and S1 distributions. However, on the most recent physical exam, muscle strength testing revealed 5/5 strength, normal sensation, and normal reflexes at 2 bilaterally at both ankles and knees. Therefore, he has improved in his functional status. MRI reveals a bilateral spondylolysis without spondylolisthesis, so there is no indication of significant instability to the lumbar spine, particularly at the L5-S1 level. MTUS/ACOEM indicates that there should be clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair prior to undergoing this level of surgical intervention. The records indicate he has no functional deficits. A decompression would not be supported at this time due to a lack of functional deficits. As his physical findings do not correlate with the electrodiagnostic study and do not correlate with the imaging study, a decompression would not be supported at this time. A psychosocial evaluation is recommended by MTUS/ACOEM prior to undergoing surgical intervention including decompression and fusion. Psychosocial evaluation has not been performed. He has been found aberrant on 1 of the most recent drug screens for illicit drugs. The records do not indicate that this has been adequately addressed with him by his providers. Therefore, this request is not considered medically necessary and is non-certified.