

Case Number:	CM13-0029436		
Date Assigned:	03/03/2014	Date of Injury:	12/17/2012
Decision Date:	08/06/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Neurological 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:

The injured worker is a 29 year-old individual who was reportedly injured on 12/17/2012. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 8/23/2013 indicates that there are ongoing complaints of low back pain that radiates into both lower extremities right greater than left. The physical examination demonstrated upper extremities, normal exam. Lower extremities: diminished sensation in the S1 nerve distribution on the right side. Muscle weakness 4/5 to the right ankle. Positive straight leg raise bilaterally. Ankle jerk reflex absent on the right. Diagnostic imaging studies refer to an MRI of the lumbar spine which discussed injuries injured discs at L-four, and L5-S-1. Previous treatment includes pain medication anti-inflammatory medication, lumbar epidurals, and physical therapy. A request had been made for discectomy with decompression of thecal sac followed by fusion at L4 L5 L5 S1, and was not certified in the pre-authorization process on 9/5/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCECTOMY WITH DECOMPRESION OF THECAL SAC FOLLOWED BY FUSION AT L4 L5 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.

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records document a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. Given the lack of documentation guidelines, this request is considered not medically necessary.