

Case Number:	CM13-0036160		
Date Assigned:	12/13/2013	Date of Injury:	04/11/2007
Decision Date:	01/30/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 and is licensed to practice in New Hampshire, New York, and Washington. 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 is a 38-year-old male with the date of injury of August 11, 2007. The patient has chronic back pain and has been treated with physical therapy, 2 epidural and facet blocks, and medications. Physical examination of the lumbar spine reports tenderness to palpation of the back muscles and a positive straight leg raise bilaterally. Neurologic examination was reportedly normal. Psychological evaluation reveals the patient has been assigned a psychological whole person impairment score of 11%. Lumbar MRI from 2011 describes the presence of moderate disc desiccation at L5-S1 with a 4.5 mm central disc protrusion that produces very mild spinal stenosis. Degenerative changes at L5-S1 are noted. At issue is whether spinal surgery and repeat MRI 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 discogram, fusion L5-S1 ASF/PSF: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Spinal Fusion, pg. 307; American Pain Society Clinical Guideline: Spine (Phila Pa 1976). 2009 May 1;34(10):1094-109. doi:

10.1097/BRS.0b013e3181a105fc. Review. PMID:19363455[PubMed - indexed for MEDLINE]
Related citations Select item 17380763 2.Evidence-ba

Decision rationale: This patient does not meet established criteria for lumbar spinal fusion. Specifically, there is no evidence of lumbar instability in the lumbar spine on any radiographic study. Also, the patient does not have any red flag indicators for spinal fusion surgery such as tumor, fracture, or severe neurologic deficit. Because there is no instability lumbar spine, fusion is not medically necessary in this case of lumbar degenerative disc condition. Established medical literature does not support the role of fusion over conservative measures for the treatment of degenerative low back pain. MTUS Guidelines for fusion are not met.

Magnetic resonance imaging (MRI) L spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: The Physician Reviewer's decision rationale: The patient has had a lumbar MRI on September 12, 2011 that demonstrated L5-S1 degenerative disc condition with a 4.5 mm lumbar disc bulge. The physical examination does not report any significant neurologic deficit in the bilateral lower extremities. The physical examination does not document any radiculopathy in the bilateral lower extremities. Nothing on the physical examination reports in the medical records suggest that the lumbar pathology has significantly changed since the reading of lumbar disc degeneration at L5-S1 on the lumbar MRI from September 2011. The medical necessity of a repeat lumbar MRI is not established at this time. The repeat lumbar MRI is not medically necessary based on the fact that the physical examination does not report any new significant neurologic findings. It is not likely to provide any additional relevant clinical information.