

Case Number:	CM13-0036569		
Date Assigned:	12/13/2013	Date of Injury:	07/01/2009
Decision Date:	01/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/21/2013

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 is a 43-year-old male with the date of injury of July 1, 2009. The patient has chronic low back pain. He also describes pain shooting to his legs. The patient has had several epidural injections. He also describes numbness and tingling in his legs and feet any complaints of weakness in his legs. Any sort of physical activity makes his pain worse. Examination of the spine revealed tenderness to palpation of the lumbar spine. Lumbar spine range of motion was reduced. Left knee extension and flexion was 4/5. Reflexes are normal at the knees and the ankle. Sensation was decreased throughout the entire lower extremities bilaterally. Straight leg raising was negative. Lumbar MRI describes normal discs at L1-2 and L2-3. At L3-4 there is degenerative disc condition with a disc bulge. At L4-5 there is degenerative disc condition with a disc bulge. At L5-S1 there is degenerative disc condition with a disc bulge causing mild foraminal stenosis. At issue is whether lumbar decompressive and fusion surgery is 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:

Transforaminal lumbar interbody fusion at L3-4 along with decompression at L3-4 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: Lumbar decompression and fusion surgery as not medically necessary in this patient. With respect to fusion, the patient does not have any radiographic evidence of documented lumbar spinal instability. In addition the patient has no red flag indicators for spinal fusion such as tumor or fracture. Spinal fusion is definitely not medically necessary. Lumbar decompressive surgery is not medically necessary also. The MRI does not describe any levels of severe central or foraminal spinal stenosis. Given the fact that there is no correlation between lumbar imaging studies showing neural compression and the patient's physical exam, he does not meet criteria for lumbar decompressive surgery. Also electrodiagnostic studies are not reported to rule out the presence of peripheral neuropathy. Also, the patient's physical examination does not clearly document the presence of specific radiculopathy related to lumbar spinal compression. The patient does not meet established criteria for three-level decompression and L4-5 fusion surgery.