

Case Number:	CM13-0041361		
Date Assigned:	12/20/2013	Date of Injury:	04/29/2003
Decision Date:	01/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 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 50-year-old male. He has chronic low back pain shooting down the legs. He also describes numbness tingling in his legs. He describes 7/10 back pain. Physical examination revealed reduced lumbar range of motion. Lumbar spasm. Motor strength 4/5, right EHL and plantar flexors are 4-/5. There is a positive right straight leg raise. The patient has had an MRI on 9/19/2012 of the lumbar spine that demonstrated disc bulges at L2-3, L3-4, L4-5 and L5-S1 along with facet degeneration. There is some foraminal stenosis at L2-3, but no spinal stenosis at L3-4. There is also foraminal stenosis on the right side at L4-5 and on the left side at L4-5 but with adequate canal size. At L5-S1 there is foraminal stenosis bilaterally without central canal stenosis. Patient had an EMG which demonstrated right S1 lumbar radiculopathy and left peroneal neuropathy. Current diagnoses include lumbar disc bulge at multiple levels with facet degeneration and multilevel foraminal stenosis from L2-S1. The patient also has a diagnosis of lumbar radiculopathy, lumbar facet syndrome, chronic myofascial pain, trochanteric bursitis, and spinal stenosis. Treatment to date include activity modification, medication, and HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery by spine surgeon [REDACTED], unknown procedure/levels, unknown length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation (1) Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD. Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. *Spine (Phila Pa 1976)*. 2009 May 1;34(10):1094-109. doi: 10.1097; and (2) Resnick DK

Decision rationale: This patient does not need to establish criteria for any type of lumbar spinal surgery. Criteria for lumbar fusion surgery is clearly not met as there is no documented spinal instability, fracture, or concern for tumor. In addition the patient has no red flag indicators for spinal fusion surgery. The patient also does not meet criteria for lumbar decompressive surgery. The physical examination does not document specific lumbar radiculopathy which is specifically related to nerve root compression on an imaging study. Physical examination does not document clear and concise lumbar radiculopathy. In addition, the MRI does not document severe central or lateral recess stenosis at any level of the lumbar spine. While there is varying degrees of foraminal stenosis throughout the lumbar spine, there is no clear and concise documentation of a corresponding lumbar radiculopathy on physical examination. Additionally, the medical records do not contain a recent trial and failure of significant conservative measures to include a trial of failure of physical therapy. Establish guidelines for lumbar fusion or decompressive surgery or not met. Establish guidelines for any lumbar spinal surgery by not met.