

Case Number:	CM13-0046762		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2011
Decision Date:	10/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery has a subspecialty in Spinal Surgery and is licensed to practice in South Dakota. 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 63-year-old male who was reportedly injured on 10/18/2011. The injured worker has a prior history of low back and neck pain complaints. Previous treatments included anti-inflammatories and chiropractic sessions. The magnetic resonance image dated 09/13/2013 noted no significant instability with broad-based disc protrusions at L4-5 and L5-S1 with facet ligamentum hypertrophy narrowing the spinal canal at L4-5 and narrowing the bilateral recesses and neural foraminal areas. Diminished S1 sensation with 2+ patellar and Achilles reflexes and 5/5 strength throughout both lower extremities. A request was made for Lumbar decompression and fusion L4-S1 and was not certified on 10/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression and fusion L4-S1: 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 Official Disability Guidelines (ODG), Fusion, Lumbar Spinal Fusion

Decision rationale: The only evidence in the medical records regarding radicular findings is altered sensation in the S1 distribution. There are no findings that would indicate either L4 or L5 radicular patterns, which would be the nerve roots decompressed via foraminal decompression of L4-5 and L5-S1 levels. In addition, there is no evidence for neurogenic claudication that would require central decompression. Finally, even with the use of flexion/extension MRI, there is no evidence for instability. As a consequence, decompression and fusion at L4-S1 is not considered medically necessary.