

Case Number:	CM13-0062432		
Date Assigned:	05/07/2014	Date of Injury:	06/04/2010
Decision Date:	07/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Neurosurgery 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:

This is a 37-year-old male patient with a 6/4/10 date of injury. 11/8/13 progress report indicates persistent low back pain going all the way down culminating in a burning sensation in the sole of his feet bilaterally. Physical exam demonstrates left anterior tibialis weakness and decreased sensation in the sole of both of his feet bilaterally. 4/2/12 lumbar MRI demonstrates, at L5-S1, mightily decreased intravertebral disk height, minor bilateral neural foraminal narrowing. Treatment to date has included medication, activity modification, lumbar medial branch blocks, various types of injection therapy, and lumbar radiofrequency ablation. There is documentation of a previous 11/21/13 adverse determination for lack of evidence of complete disk space collapse, severe spondylolisthesis or motion segment instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FUSION L5-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) Low Back Chapter: FusionX Other Medical Treatment Guideline or Medical Evidence: AMA Guides: Instability.

Decision rationale: This is a 37-year-old male patient with a 6/4/10 date of injury. 11/8/13 progress report indicates persistent low back pain going all the way down culminating in a burning sensation in the sole of his feet bilaterally. Physical exam demonstrates left anterior tibialis weakness and decreased sensation in the sole of both of his feet bilaterally. 4/2/12 lumbar MRI demonstrates, at L5-S1, mildly decreased intravertebral disk height, minor bilateral neural foraminal narrowing. Treatment to date has included medication, activity modification, lumbar medial branch blocks, various types of injection therapy, and lumbar radiofrequency ablation. There is documentation of a previous 11/21/13 adverse determination for lack of evidence of complete disk space collapse, severe spondylolisthesis or motion segment instability.