

Case Number:	CM13-0063615		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2012
Decision Date:	07/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 44 year old male who has reported low back and leg pain after an injury on 7/27/12. The low back pain reportedly is radiating to both legs, right greater than left. An MRI on 10/3/12 showed a focal protrusion into the right lateral recess at L4-5. At L4-5, there was 10% decrease in height at the disc with a 3mm posterior disc protrusion. At L5-S1 there was a 30% decrease in height of the disc with a 3-4mm posterior disc protrusion and compromise of the exiting nerve roots bilaterally. Exam notes from 12/19/12 demonstrate bilateral palpable paravertebral lumbar muscle spasms and decreased range of motion of the lumbar spine in all planes of motion. A 12/19/12 electrodiagnostic test showed abnormal and abnormal NCV/SSEP of the lower extremities in a pattern consistent with a lumbosacral plexopathy with an L5-S1 radiculopathy. Per an exam and report on 5/17/13, the injured worker has failed PT, chiropractic care, and a brace. The treating physician is requesting decompression and possible fusion at L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

A DECOMPRESSION AND POSSIBLE FUSION AT L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 and 301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Fusion.

Decision rationale: The MTUS Guidelines indicate that Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. In this case, there is lack of medical necessity for a lumbar fusion as there is no evidence of an indicated clinical scenario. This injured worker does not have radiographic evidence of instability, fracture, tumor, or infection. The injured worker has not had at least two prior failed discectomies. Therefore, the determination is not medically necessary.