

Case Number:	CM13-0067236		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	02/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic 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 49-year-old truck driver with the date of injury February 4, 2013. The mechanism of injury was climbing down a trailer and slipping and falling. He complains of chronic left leg pain and low back pain. MRI from February 2013 shows L4-5 and L5-S1 degenerative disc condition. At L4-5 there is a central small protrusion with mild stenosis. There is a small disc extrusion but not severely compressing the L5 nerve root. At L5-S1 there is a small disc protrusion with no significant spinal stenosis. The patient continues to have back and leg pain. On physical examination he is a full range of lumbar motion. He has weakness of the EHL 0/5. There is weakness and triceps surae on the left. Tibialis anterior and quadriceps strength is normal. Sensory loss is present on the left and L5 and S1. Straight leg raise is positive on the left. At issue is whether decompression 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:

Lumbar decompression including laminectomy, disectomy, facectomy, foraminotomy at L4-S1 fusion with iliac crest bone graft & instruments including cages and pedicle screws:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Pain

Decision rationale: This patient has not met established criteria for a two-level lumbar decompression and fusion surgery at this time. Specifically, the lumbar MRI does not show severe nerve root compression of any nerve root. The MRI does not show any evidence of severe spinal stenosis. In addition, the imaging studies do not document any evidence of spinal instability. There are also no concerns for fracture or tumor. The patient's physical exam findings consisting of the extensor hallucis longus' lack of motor function cannot be explained by the patient's MRI findings of very mild spinal stenosis without instability. There is no correlation present. Guidelines for decompression are not met because the imaging study does not show significant compression of the nerve root. Guidelines for fusion are similarly not met, because the patient does not have any documented evidence of instability, fracture, or tumor. Therefore, criteria for lumbar decompression and fusion surgery are not met because there is no correlation between imaging studies and physical examination. The request for a lumbar decompression including laminectomy, disectomy, facetectomy, foraminotomy at L4-S1 fusion with iliac crest bone graft & instruments is not medically necessary and appropriate