

Case Number:	CM13-0070890		
Date Assigned:	01/08/2014	Date of Injury:	03/08/2012
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 spine fellowship 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:

The patient is an employee of [REDACTED] and has submitted a claim for lumbar spondylosis without myelopathy, L5 radiculopathy, and lumbar herniated nucleus pulposus associated with an industrial injury date of March 8, 2012. The treatment to date has included epidural injections, physical therapy, chiropractic care, acupuncture, and medications such as Norco, Cymbalta, and Wellbutrin. Medical records from 2013 were reviewed, indicating that the patient complained of low back pain radiating to the left lower extremity, graded 7/10 in severity, associated with numbness. Aggravating factors were prolonged walking and standing. A physical examination showed paralumbar tenderness. Alignment was straight, and the pelvis was leveled. The range of motion of the lumbar spine was 30 degrees towards flexion, and -10 degrees towards extension. Motor strength was 5/5 in all extremities. Clonus was positive at the right, and the gait was slow with flexed lumbar spine. Sensation was diminished throughout the bilateral lower extremities. An MRI of the lumbar spine, dated April 4, 2012, revealed disk herniation, left-sided L4/L5 with impingement on the L5 nerve root. A repeat MRI of the lumbar spine, dated September 11, 2012, revealed L4/L5 disk collapse, up/down stenoses bilaterally, worse on the left. An electromyography/nerve conduction velocity (EMG/NCV) of the bilateral lower extremities, dated 09/11/2012, revealed acute bilateral L4, L5, and S1 lumbosacral radiculopathy. There was no evidence of peripheral neuropathy or entrapment neuropathy. Utilization review from December 17, 2013 denied the request for lumbar spine fusion because there was no evidence of segmental instability or unstable spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, LOW BACK-HOSPITAL LENGTH OF STAY (LOS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 307. Decision based on Non-MTUS Citation AMA GUIDES TO THE EVALUATION OF PERMANENT IMPAIRMENT, FIFTH EDITION CRITERIA FOR INSTABILITY, PAGE 379.

Decision rationale: The MTUS/ACOEM Guidelines indicate that there is no good evidence from controlled trials that lumbar 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. The AMA Guides define loss of motion segment integrity as an anteroposterior motion of one vertebra over another that is greater than 4.5 mm in the lumbar spine. The rationale for this operation is the failed course of conservative treatments for the patient. However, in the records submitted for review, there is no evidence of instability in the lumbar spine to warrant a lumbar fusion and no evidence of degenerative spondylolisthesis. Furthermore, the present request does not specify the level of intended fusion. Therefore, the request for lumbar spine fusion is not medically necessary.