MAXIMUS Federal Services

Case Number:	CM13-0072657		
Date Assigned:	01/10/2014	Date of Injury:	11/04/2012
Decision Date:	06/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/31/2013

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 disc degenerative disease with radiculopathy associated with an industrial injury date of November 4, 2012. Treatment to date has included physical therapy, and medications such as Flexeril, and prednisone. Medical records from 2008 to 2013 were reviewed showing that patient complained of predominantly left-sided low back pain with lesser degrees of pain and paresthesia radiating to his left calf. Physical examination showed guarding of the left hip. Motor strength of ankle dorsiflexors was 4/5 at the left compared to 4+/5 at the right. Achilles reflexes were 1+ and symmetric. Straight leg raise test was equivocally positive on the left predominantly for left-sided low back and buttock region pain. Gait was slow with slightly bent position. MRI of the lumbar spine, dated July 30, 2013, revealed multi-level decreased disc height, disc desiccation and bilateral foramina narrowing from L3 to L4, L4 to L5, and L5 to S1. Nerve conduction study on June 10, 2013, showed mild chronic left L5 radiculopathy. The plan is to perform L3 to S1 discectomy and TLIF with peek interbody cage, left autologous iliac crest bone graft and pedicle screws, as cited in a reported dated December 18, 2013. Utilization review from December 23, 2013 denied the request for low back disc surgery due to no evidence of instability or a psychosocial screen. The entirety of the levels requested has not been definitively evidenced to be pain generators.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW BACK DISK SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: CA MTUS ACOEM Guidelines state 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. In this case, the patient has persistent low back pain despite conservative management. As cited in a report dated 12/18/2013, the provider cannot detect the precise location of pain generator as the possible sources of pain are lumbar spine, hip joint, or sacroiliac joint. Although the patient's signs and symptoms are corroborated with MRI findings of multi-level foraminal narrowing, it does not seem reasonable to certify a request for an unspecified surgical procedure. Therefore, the request for low back disc surgery is not medically necessary and appropriate.