

Case Number:	CM14-0001285		
Date Assigned:	01/22/2014	Date of Injury:	07/18/2002
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and 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 injured worker is a 41-year-old male who reported an injury on 07/18/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, multiple medications, and epidural steroid injections. The injured worker underwent a CT of the lumbar spine on 12/03/2013 that documented degenerative changes of the low back, more pronounced at the L5-S1 with a disc herniation with impingement of the exiting L5 nerve roots. The injured worker also underwent an MRI of the lumbar spine on 12/03/2013. It was documented that the injured worker had a broad-based disc bulge at the L5-S1 impinging on the S1 and L5 nerve roots. The injured worker was evaluated on 12/16/2013. The injured worker's examination as a straight leg raising test causing uncomfotableness which was considered more pronounced on the left. The injured worker's diagnoses included lumbar disc defects, and lumbar radiculitis. The injured worker's treatment plan included 2 level fusion at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR LAMINECTOMY AND FUSION L4-5, L5-S1, MICRODISCECTOMY, FLUORO-GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Microdiscectomy and Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307-309.

Decision rationale: The requested posterior lumbar laminectomy and fusion at the L4-5, L5-S1, microdiscectomy, with fluoroscopic guidance is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend fusion surgery in the absence of evidence of spinal instability. There is no documentation of spinal instability. Additionally, there is no documentation that the injured worker has failed to respond to less invasive surgical interventions. Additionally, the American College of Occupational and Environmental Medicine recommends lumbar surgery for injured workers who have radicular symptoms and specific dermatomal distributions corroborated by an imaging study. The clinical documentation does indicate that the injured worker has nerve root impingement at the requested levels. However, a review of the clinical documentation does indicate that the injured worker had radicular symptoms. However, the injured worker's most recent clinical evaluation does not provide any documentation of decreased motor strength, disturbed sensation in the requested dermatomal distributions, or depressed deep tendon reflexes. As such, the requested posterior lumbar laminectomy and fusion at the L4-5, L5-S1, microdiscectomy, with fluroscopic guidance is not medically necessary or appropriate.

1-2 DAY INPATIENT STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.