

Case Number:	CM14-0010283		
Date Assigned:	02/21/2014	Date of Injury:	08/17/2011
Decision Date:	06/25/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Spine Surgery 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 55-year-old male who reported an injury on 08/17/2011. The mechanism of injury was a motor vehicle accident. The injured worker was diagnosed with cervical spine strain with degenerative joint disease; lumbar spine reticulopathy, confirmed levels of radiculopathic findings; status post left knee total knee strain; and sleep difficulty secondary to prolonged pain. The injured worker had an MRI of the lumbar spine on 09/04/2013 that revealed multilevel degenerative changes causing mild to moderate spinal canal stenosis at L2-3, moderate to severe spinal canal stenosis at L4-5, mild to moderate bilateral neuroforaminal stenosis at L4-5, moderate to severe right neuroforaminal stenosis at L5-S1, and mild to moderate left neuroforaminal stenosis at L5-S1. Additionally, there was a focal right lateral recess protrusion at L5-S1 abutting the traversing nerve root. Acute Schmorl's nodes at the inferior endplate of L2 and superior endplate of L5 were noted. The injured worker was treated with extensive physical therapy and epidural steroid injections. The pain caused the injured worker to have limited daily activity, with difficulties bending and twisting. The injured worker also reported some weakness in the legs, slightly more on the left side than the right. The injured worker was using Norco for pain and rated his pain daily at 9/10. The physical examination revealed diffuse tenderness to the lumbar spine with decrease range of motion and muscle strain at 4-5/5. The injured worker had a positive straight leg raise at 45 degrees on the left and negative on the right. Sensation was diminished to the lateral thigh, lateral calf, and lateral foot on the left. The injured worker had normal strength in heel walking; however, had decrease strength in toe walking on the left. The injured worker was recommended a lumbar spine fusion at 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:

LUMBAR SPINE FUSION AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back, Fusion (spinal)

Decision rationale: The CA MTUS/ACOEM states lumbar fusions very seldom cure a patient. The Official Disability Guidelines state lumbar fusions may be recommended after 6 months of failure of conservative treatment with a psychosocial screen with confounding issues addressed. The injured worker must also be smoke free for at least 6 weeks prior to surgery. The injured worker was recommended a lumbar fusion at L4-5 and L5-S1; however, no psychological evaluation was submitted for review. Given the lack of documentation, the request is not medically necessary.