

Case Number:	CM14-0132292		
Date Assigned:	08/22/2014	Date of Injury:	08/20/2011
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/18/2014

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 and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 08/20/2011. The mechanism of injury was the injured worker was attempting to prevent a 180 pound man, which was her patient that she was caring for, from falling off the bed. Other diagnostic imaging included an x-ray of the lumbar spine on 08/26/2011 which documented mild degenerative changes per the physician documentation. The injured worker underwent an MRI of the lumbar spine on 08/08/2013. The MRI revealed the injured worker had mild lumbar hyperlordosis and scoliosis. The injured worker had a 2.5 mm circumferential disc bulge at L3-4 with mild bilateral foraminal narrowing. The injured worker had a 3 mm disc protrusion at L4-5 with facet arthrosis on the right. There was mild to moderate proximal right foraminal narrowing. There was a 5 mm left paramedian disc protrusion at L5-S1 with impingement of the left S1 nerve root. The injured worker's current medications included tramadol and Duexis. The prior therapies included lumbar epidural steroid injections, cortisone injection to the shoulder, physical therapy, chiropractic care, surgery to the right knee, and medications. Documentation of 07/01/2014 revealed lumbar epidural steroid injection that brought temporary relief. The injured worker had complaints of low back pain of a 7/10. The physical examination revealed decreased range of motion of the lumbar spine, a positive straight leg raise bilaterally with back pain and posterior leg pain. The injured worker had 2+ deep tendon reflexes in the bilateral knees and 1+ in the ankles. The physician documented the MRI was reviewed and he opined they revealed a 3.0 mm disc protrusion at L4-5 and severe facet arthritis with moderate foraminal stenosis. The diagnoses included moderate foraminal stenosis; herniated disc; degenerative disc disease at L4-5; a 5.0 mm herniated disc paracentral to the left; facet arthritis and stenosis at L5-S1 with lower extremity radiculopathy, left worse than right. The treatment plan included as the injured worker had failed conservative treatments, including epidural steroid injections, the injured worker was a

good candidate for a decompression from L4 to the sacrum and posterolateral fusion with a bone graft. Additionally, the documentation indicated the injured worker underwent an EMG and a nerve conduction study. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Fusion (Decompression from L4 to the Sacrum and Posterolateral Fusion with Bone Graft): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The injured worker had failed conservative care and had objective findings upon examination that were supported with MRI findings at the level of L5-S1. However, there was a lack of documentation indicating the injured worker had nerve impingement at L4-5. Additionally, there were no official electrodiagnostic study submitted for review. If the surgery was found to be medically necessary, a fusion would be supported due to multilevel decompression. Given the above, the request for lumbar spine fusion (decompression from L4 to the sacrum and posterolateral fusion with bone graft) is not medically necessary.