

Case Number:	CM14-0153446		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2014
Decision Date:	12/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 44-year-old male who reported an injury on 02/24/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar pain, contusion of back, wrist pain, and chronic discogenic low back pain with radicular component. Previous treatments included medication, physical therapy, epidural steroid injections, and an MRI of the lumbar spine dated 07/17/2014. Within the clinical note dated 09/03/2014, it was reported the injured worker complained of low back pain radiating into both legs. He reported having minimal improvement despite conservative care. Upon the physical examination the provider indicated the injured worker had tenderness to palpation over the paraspinal musculature. There was no tenderness to palpation over the spinous process. The range of motion was noted to be normal in flexion and extension. Range of motion of the hips was noted to be normal. The provider indicated there was diminished sensation over the L5 dermatome bilaterally. The patient was intact in all other dermatomes. There was a negative straight leg raise noted. The previous treatments include an MRI of the lumbar spine dated 07/17/2014. The MRI revealed L4-5 disc herniation, which causes stenosis of the spinal canal and bilateral recess, and L5-S1 broad base posterior disc herniation. The provider requested L4-S1 interbody fusion to remove the pain generator. However, the Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 307.

Decision rationale: The California MTUS Guidelines state surgical consideration within the first 3 months after the onset of acute back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction is not responsive to conservative therapy and obviously due to a herniated disc being detected. Surgical consultation is indicated for patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies; radiculopathy preferably with accompanying objective signs and neural compromise; activity limitations due to radiating leg pain; clear clinical imaging and electrodiagnostic evidence of a lesion that has been shown to benefit both short and long term from surgical repair; and failure of conservative treatment to resolve disabling pain. For spinal fusion the guidelines note, except for cases of trauma related spinal fracture or dislocation; fusion of the spine is not usually considered during the first 3 months of symptoms. There is no scientific evidence about the long term effectiveness from any surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. There is no good evidence that spinal fusions alone are effective for treating any type of acute low back pain in the absence of fractures. The clinical documentation submitted indicated the injured worker to have tried and failed on conservative therapy, including physical therapy and medications. However, there is lack of documentation indicating the injured worker had activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. Imaging studies submitted did not corroborate the diagnosis of a lesion warranting the medical necessity for the request. There is a lack of documentation indicating the injured worker had a spinal fracture, dislocation, or spondylolisthesis. Therefore, the request is not medically necessary.