

Case Number:	CM14-0160183		
Date Assigned:	10/03/2014	Date of Injury:	04/07/2014
Decision Date:	11/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This is a 49 year old male with a 4/7/14 injury date. In a follow-up on 9/3/14, subjective findings included severe low back pain with radiation to both leg, right greater than left. Objective findings included tenderness over the lumbar spine, stiffness, positive bilateral SLR at 40 degrees, hypoactive knee and ankle reflexes, decreased sensation at bilateral L5 dermatomes, and generalized weakness in the legs due to pain. Lumbar flexion and extension x-rays on 9/3/14 showed 2 mm of L5-S1 instability. A 6/11/14 lumbar MRI showed L4-5 mild-moderate bilateral facet arthropathy with resulting mild-moderate bilateral neural foraminal stenosis, L5-S1 mild bilateral facet arthropathy and small diffuse disc osteophyte complex resulting in mild-moderate bilateral neural foraminal stenosis, and no high-grade spinal canal stenosis at any level. Diagnostic impression: lumbar degenerative disc disease, lumbar stenosis, lumbar radiculopathy, L5-S1 spinal instability. Treatment to date: Medications, Physical Therapy, Epidural Steroid Injections. A UR decision on 9/19/14 denied the request for discectomy, decompression, posterior lumbar fusion with pedicle screws, posterior lumbar interbody fusion and cages L4-5, L5-S1 with grafting, on the basis that the patient's pathology does not meet the criteria for spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discectomy, decompression, posterior lumbar fusion with pedicle screws, posterior lumbar interbody fusion and cages L4-L5, L5-S1; grafting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Spinal Fusion, Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Fusion, spine.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that 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. However, there is limited documented evidence for objective radiculopathy and spinal instability in this case. Physical exam revealed generalized muscle weakness, symmetric reflexes, and only mild-moderate foraminal stenosis on imaging. In addition, there was no evidence of spinal instability on flexion/extension x-rays or MRI. The documented 2 mm displacement of L5 on S1 on the flexion/extension x-ray is insufficient to qualify for spinal instability, which requires greater than 4.5 mm. There was no documented spondylolisthesis on the lumbar MRI. Therefore, the request for Discectomy, decompression, posterior lumbar fusion with pedicle screws, posterior lumbar interbody fusion and cages L4-L5, L5-S1; grafting is not medically necessary.