

Case Number:	CM14-0173654		
Date Assigned:	10/24/2014	Date of Injury:	02/16/2008
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Spine 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 43-year-old male who reported an injury on 02/16/2008. The mechanism of injury was not stated. The current diagnoses are L4-5 and L5-S1 disc desiccation with annular tearing and stenosis. The injured worker was evaluated on 06/04/2014. The injured worker reported persistent pain in the lower back with radiation into the lower extremities. Previous conservative treatment includes physical therapy and medication management. The physical examination revealed lumbar paraspinal tenderness, spasm, guarding, 40 degree flexion, 20 degree extension, positive straight leg raise on the right, decreased sensation in the L4-S1 dermatomes on the right and diminished reflexes. Treatment recommendations included a lumbar decompression 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:

Bilateral decompression with fusion at L4-L5 and L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening. As per the documentation submitted, there is no evidence of spinal instability upon flexion and extension view radiographs. There were no imaging studies provided for this review. There is no documentation of a psychosocial screening. Based on the clinical information received, the request is not medically necessary.