

Case Number:	CM14-0174907		
Date Assigned:	10/28/2014	Date of Injury:	05/10/2000
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Surgeon, 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:

The injured worker is a 64-year-old male who reported an injury on 05/10/2010. The mechanism of injury was not stated. The current diagnosis is lumbar radiculopathy. The injured worker was evaluated on 09/10/2014 with complaints of worsening lower back pain and left lower extremity numbness and tingling. Physical examination was not provided on that date. Previous conservative treatment is noted to include physical therapy, epidural steroid injection, and medications. A left L5-S1 and right L4-5 posterior instrumentation and fusion were recommended at that time. A Request for Authorization form was then submitted on 09/05/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 05/06/2014, which revealed a left hemilaminotomy and stable postsurgical changes at L4-5 and left lateral recess extrusion with impingement on the left S1 nerve root at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L5/S1 and Right L4/5 With Posterior Oblique, Lumbar Arthrodesis, Posterolateral Fusion And Redo Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fusion.

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: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremities, activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and 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 instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the patient has exhausted conservative treatment in the form of epidural steroid injection, physical therapy, and medications. The injured worker continues to report persistent pain with left lower extremity numbness and tingling. However, the physical examination was not provided on the requesting date of 09/10/2014. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically appropriate.