

Case Number:	CM14-0020544		
Date Assigned:	04/25/2014	Date of Injury:	10/29/2012
Decision Date:	07/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 39-year-old female with a 10/29/12 date of injury. At the time (1/10/14) of request for authorization for single level fusion at L4-5, Qty: 1.00, there is documentation of subjective (persistent low back pain) and objective (restricted lumbar range of motion and mild weakness in the ankle dorsiflexor and plantar flexor) findings, imaging findings (MRI Lumbar Spine (11/19/12) report revealed at L4-5, there is a 5.9mm broad based disc protrusion which moderately impresses on the thecal sac and bilateral facet arthrosis, ligamentum hypertrophy, and moderate bilateral neural foraminal narrowing is noted), current diagnoses (severe, intractable low back pain radiating to the legs, degenerative disc disease at L4-S1, and large disc herniation at L-5 measuring 6 mm), and treatment to date (epidural steroid injection and medications). There is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

SINGLE LEVEL FUSION AT L4-5, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, Discectomy/laminectomy and Fusion (spinal).

Decision rationale: MTUS reference to ACOEM identifies documentation of 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings, which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of severe, intractable low back pain radiating to the legs, degenerative disc disease at L4-S1, and large disc herniation at L4-5 measuring 6 mm. In addition, there is documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month; and failure of conservative treatment. However, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for single level fusion at L4-5, Qty: 1.00 is not medically necessary.