

Case Number:	CM14-0026067		
Date Assigned:	06/13/2014	Date of Injury:	10/20/1999
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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:

According to the records made available for review, this is a 68 year old male with a 10/20/99 date of injury. At the time (2/5/14) of request for authorization for L2-5 fusion; lumbar spine, there is documentation of subjective (low back pain with radiation to the left lower extremity with weakness and difficulty performing activities of daily living) and objective (antalgic gait, tenderness to palpation of the paralumbar muscles with spasms, decreased lumbar range of motion, and positive straight leg raise on the left) findings, imaging findings (MRI of the lumbar spine (1/29/14) report revealed disk protrusion with narrowing of the recesses and encroachment upon the neural foramina and moderate central stenosis at L2-3; disk protrusion with narrowing of the recesses and the neural foramina bilaterally with moderate central stenosis at L3-4; spondylolisthesis with narrowing of the neural foramina and advanced central stenosis at L4-5), current diagnoses (lumbar strain with lumbar radiculopathy to the left), and treatment to date (medication, activity modification, and lumbar epidural steroid injection). There is no documentation of subjective (pain, numbness or tingling) radicular findings in each of the requested nerve root distributions, objective (sensory changes, motor changes, or reflex changes) radicular findings of neural compromise at each of the requested nerve root distributions, and 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:

L2-5 FUSION; LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low back- 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).

Decision rationale: The ACOEM Guidelines 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. The ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis of lumbar strain with lumbar radiculopathy to the left. In addition, there is documentation of severe and disabling lower leg symptoms; activity limitations due to radiating leg pain for more than one month; failure of conservative treatment (medications, activity modification, and injections); and imaging (MRI) findings at each of the requested levels. However, despite nonspecific documentation subjective findings, there is no specific documentation of subjective radicular findings in each of the requested nerve root distributions. In addition, despite documentation of objective findings, there is no documentation of objective radicular findings of neural compromise at each of the requested nerve root distributions. Furthermore, there is no documentation of an indication for fusion. Therefore, the request is not medically necessary and appropriate.