

Case Number:	CM14-0027325		
Date Assigned:	06/13/2014	Date of Injury:	08/30/2012
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
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 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 47 year old male who had a work related injury on 08/30/12. He was lifting an aluminum ramp weighing approximately 180 lbs. to place on a loading dock when he felt pain in his lower back. The injured worker has had physical therapy. He had an SI joint injection on the left on 09/06/13 with no relief of symptoms. He had a left L5 selective nerve root block done on 03/09/13 without any relief of symptoms. MRI of the lumbar spine dated 12/03/13 showed a 4mm broad based posterior disc protrusion at L4-5 accentuated to the left. Minimal effacement of the ventral thecal sac. Mild central canal stenosis. Moderate degenerative disc disease. Moderate left and mild to moderate right neuroforaminal stenosis. Mild to moderate facet arthropathy, worse on the left. Small effusion within the right facet joint. On the 12/03/13 progress note by a treating physician noted that on the x-rays with flexion and extension revealed that there is a retrolisthesis of 4.5mm of L4 on L5 and on extension it extends to 6.4mm and flexion decreases to 4.5mm. Unfortunately, there is not a radiologist report of the x-rays. On physical examination from the previous note 05/22/14, normal gait. Heel and toe walking were normal. There is tenderness appreciated midline to the lumbar region to the left lumbar region PSIS and sciatic notch. It is noted that the dermatomes are deficit to the left L4, L5, and S1 nerve root distributions. There is no documentation of strength weakness other than hamstrings rated 4/5 bilaterally. No reflex changes, reflexes are rated 2+ bilaterally both patellar and Achilles. No sensory examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 AP FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The clinical documentation submitted does not support the request for L4-L5 AP fusion. Although progress note does note a retrolisthesis of L4 on L5, there is no radiologist report that supports the interpretation. It is noted that the dermatomes are deficit to the left L4, L5, and S1 nerve root distributions. There is no documentation of strength weakness other than hamstrings rated 4/5 bilaterally. No reflex changes, reflexes are rated 2+ bilaterally both patellar and Achilles. No sensory examination. As such medical necessity has not been established.

ASSISTANT PHYSICIAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Ama 2011 Physicians As Assistants In Surgery.

Decision rationale: The request for assistant physician is predicated on the initial surgical request. As this has been found not to be medically necessary the subsequent request is not necessary.

UNSPECIFIED DURABLE MEDICAL EQUIPMENT (DME): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Low Back Chapter, Durable Medical Equipment.

Decision rationale: The request for unspecified durable medical equipment is not medically necessary. The request is non-specific and predicated on surgical intervention. As the surgery has not been found to be medically necessary the request is not supported.