

Case Number:	CM14-0035207		
Date Assigned:	06/23/2014	Date of Injury:	12/12/2007
Decision Date:	07/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurological 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:

The injured worker is a 46-year-old female injured on December 12, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. There is a history of a prior lumbar decompression performed at the L5/S1 level on the right side. It was stated that the injured employee has been unresponsive to conservative treatments to include oral medications and epidural steroid injections. The physical examination demonstrated spasms, tenderness, and guarding along the paravertebral muscles of the lumbar spine along with decreased range of motion. There was decreased sensation at the bilateral S1 and right-sided L5 dermatome. There was also decreased motor strength with the right knee and the right ankle. Diagnostic imaging studies objectified bilateral lateral recess stenosis at the L5/S1 level with possible contact of the right S1 nerve root. There was significant disk desiccation and decreased disc height at the L5/S1 level as well. A request had been made for transforaminal lumbar interbody fusion and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion, Instrumentation and bone grafting of L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic).

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, Lumbar & Thoracic (Acute & Chronic), Fusion.

Decision rationale: According to the Official Disability Guidelines, prior to proceeding with the fusion there should be corroborating evidence of symptoms with the injured employee, physical examination, and objective studies. The injured employee complains of vague radicular symptoms in the lower extremities and the physical examination noted decreased sensation bilaterally. However there is only potential right-sided findings on MRI. Furthermore there is no discussion of all prior conservative treatments rendered and what their efficacy was. Considering this the request for a transforaminal lumbar interbody fusion, instrumentation and bone grafting of L5-S1 is not medically necessary.