

Case Number:	CM14-0035241		
Date Assigned:	06/23/2014	Date of Injury:	03/08/2006
Decision Date:	07/22/2014	UR Denial Date:	03/18/2014
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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 46-year-old who sustained an injury on March 8, 2006. The electrodiagnostic testing in 2007 revealed L5 radiculopathy on the left. The patient had lumbar flexion extension MRI that did not indicate any instability. The lumbar MRI in October 2014 reveals mild canal stenosis and neuroforaminal narrowing at L4-5 with disc degeneration at L4-5 and L5-S1. On examination the patient has weakness of dorsiflexion left L4-5. The sensation is diminished over the left L5-S1 dermatomes. The patient reflexes are symmetric. The patient straight leg raising is positive bilaterally. Diagnoses include L5 and S1 radiculopathy secondary to two-level disc injury. At issue is whether fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: The patient is a 46-year-old who sustained an injury on March 8, 2006. The electrodiagnostic testing in 2007 revealed L5 radiculopathy on the left. The patient had lumbar flexion extension MRI that did not indicate any instability. The lumbar MRI in October 2014 reveals mild canal stenosis and neuroforaminal narrowing at L4-5 with disc degeneration at L4-5 and L5-S1. On examination the patient has weakness of dorsiflexion left L4-5. The sensation is diminished over the left L5-S1 dermatomes. The patient reflexes are symmetric. The patient straight leg raising is positive bilaterally. Diagnoses include L5 and S1 radiculopathy secondary to two-level disc injury. At issue is whether fusion surgery is medically necessary.