

Case Number:	CM14-0036403		
Date Assigned:	06/25/2014	Date of Injury:	01/27/2012
Decision Date:	08/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/25/2014

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:

The injured worker is a 33-year-old male who was reportedly injured on January 27, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 12, 2014, indicates that there are ongoing complaints of lumbar spine pain radiating to the lower extremities. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles with spasms and guarding. There was a positive straight leg raise test bilaterally and decreased lumbar spine range of motion. Decreased sensation was noted bilaterally at the L5 dermatome. Diagnostic imaging reported a disc protrusion with stenosis at L5-S1 and facet osteoarthritis from L2-S1. Previous treatment was not mentioned. Request had been made for decompression of the spinal canals, bilaterally at L5-S1 posterolateral fusion using rigid segmental internal fixation, anterior lumbar interbody fusion L5-S1 and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of the spinal canals, bilaterally at L5-S1 posterolateral fusion using rigid segmental internal fixation, anterior lumbar interbody fusion L5-S1 (in patient surgery):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability

Guidelines, Low Back chapter; AMA guides (Radiculopathy, Instability) 5th edition pages 379 and 382-383.

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

Decision rationale: The guidelines referenced above do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Medical records show a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. There are no flexion/extension plain radiographs of the lumbar spine demonstrating instability and no documentation of lumbar epidural steroid injections. Given the lack of documentation to justify the surgical procedure a decompression of the Spinal Canals, Bilaterally at L5-S1 Posterolateral Fusion using Rigid Segmental Internal Fixation, Anterior Lumbar Interbody Fusion L5-S1 is not medically necessary.