

Case Number:	CM14-0037580		
Date Assigned:	06/25/2014	Date of Injury:	07/27/2012
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 Spine 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:

Patient is a 43-year-old now with a date of injury of July 27, 2012. The patient has chronic back pain. The patient reports back-pain that radiates to his legs. Medications include gabapentin and nor cold. Physical examination demonstrates positive straight leg raise on the right at 30. There is decreased range of motion of the back. The back was tender to palpation. Motor strength is noting normal in the bilateral lower extremities. There is diminished sensation of the bilateral S1 dermatomes. Reflexes are normal. The patient had epidural steroid injection the lumbar spine. The patient had an MRI lumbar spine. He also had neurophysiologic testing. MRI lumbar spine from October 2013 shows disc protrusion at L4-5 and annular defect with facet hypertrophy at L5-S1. CT scan of the lumbar spine from December 2012 shows 3 mm disc protrusion at L5-S1 with degenerative disc condition. Electrodiagnostic studies from December 2012 suggest right S1 radiculopathy. At issue is whether lumbar decompressive and 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:

Lumbar Decompression and Fusion at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306; 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; and AMA Guides, 5th Edition, page 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-322.

Decision rationale: This patient does not meet establish criteria for lumbar decompression or fusion surgery. Specifically, there is no documented significant neurologic deficit. Physical examination shows normal motor strength in the legs. The patient does have decreased sensation bilateral S1 distribution however, the imaging studies do not show compromise of the S1 nerve roots. Imaging studies do show some compression of the L5 nerve roots. There is no correlation between the patient's physical examination, the results of electrodiagnostic studies, and the patient's imaging studies showing compression of specific nerve roots that is symptomatic on either physical examination or electrodiagnostic studies. In addition, the patient has no red flag indicators for decompressive surgery such as progressive neurologic deficit. Criteria for lumbar fusion surgery are not met. There is no documented instability the lumbar spine. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for lumbar decompression or lumbar fusion surgery are not met.