

Case Number:	CM14-0037834		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2013
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/31/2014

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 50 year old male who sustained an injury on 05/17/13 while pulling tubes. The injured worker developed complaints of low back pain. It was worsened with any activities to include walking, standing, sitting, bending, or sleeping. The injured worker also described pain in the bilateral lower extremities with associated numbness and paresthesia. Prior conservative treatment did include an extensive amount of physical therapy. The injured worker did report some temporary relief with initial epidural steroid injections; however, subsequent injections provided no benefit. The injured worker did describe symptoms consistent with neurogenic claudication as there was weakness and pain in the lower extremities that was equal that improved with sitting down. The injured worker did describe increasing numbness in the lower extremities with long term sitting. Magnetic resonance image (MRI) studies from 01/23/14 noted a mild circumferential disc bulge with moderate facet hypertrophy contributing to mild canal stenosis as well as mild foraminal stenosis. Previous electrodiagnostic studies from 08/08/13 did note evidence of a bilateral L5 and S1 radiculopathy. Older MRI studies from 07/11/13 did note a 4-5mm disc bulge at L4-5 with foraminal narrowing and facet hypertrophy. The injured worker was recommended for lumbar decompression followed by lumbar fusion to help the injured worker's low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4/5 decompression fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In review of the clinical documentation submitted, the injured worker's imaging studies noted a mild canal stenosis and foraminal stenosis on the updated imaging study. Although the injured worker was reported to have symptoms consistent with neurogenic claudication, this does not correlate with magnetic resonance image findings which showed only mild canal and foraminal stenosis. The injured worker was recommended for lumbar decompression followed by lumbar fusion to address iatrogenic instability; however, further clinical reports recommended lumbar fusion as it was felt lumbar surgical decompression would not be of any benefit for the injured worker. The recommendations for a fusion are not consistent across the medical records. In regards to the request for an L4-5 lumbar decompression followed by lumbar fusion, the request is not medically necessary.