

Case Number:	CM14-0043113		
Date Assigned:	06/30/2014	Date of Injury:	06/10/2011
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 61-year-old male who reported injury on 06/10/2011. The documentation of 03/07/2014 revealed prior treatments included anti-inflammatories and physical therapy. The injured worker complained of neck pain radiating into the right arm and low back pain radiating into the left leg. The physical examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature. There was no tenderness to palpation over the spinous processes. The injured worker had 5/5 strength in the bilateral lower extremities. There was diminished sensation over the S1 dermatomes. There were 2+ reflexes in the patella and Achilles and a negative Achilles clonus and negative straight leg raise. The physician indicated the lumbar MRI was reviewed by the physician and he opined it showed an L5 through S1 disc herniation with stenosis and a high intensity zone in the posterior annulus of L5-S1. The diagnosis included lumbar radiculopathy and the treatment plan included an L5 through S1 decompression and possible fusion if iatrogenic instability made it necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 5-Sacral 1 fusion: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment. The ACOEM Guidelines do not recommend a spinal fusion alone as an effective treatment for any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis unless there is instability in motion in the segment operated on. The clinical documentation submitted for review indicated the injured worker had clear clinical findings upon examination. However, there was no official imaging reports or EMG/NCV. Given the above, the request for lumbar 5-sacral 1 fusion is not medically necessary.