

Case Number:	CM14-0044483		
Date Assigned:	07/02/2014	Date of Injury:	01/25/2013
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 64-year-old male who reported an injury on 01/25/2013. The mechanism of injury involved a fall. Current diagnoses include lumbar disc protrusion, lumbar degenerative disc disease, lumbago, and lumbar neuritis/radiculitis. The injured worker was evaluated on 02/17/2014 with complaints of lower back pain radiating into the lower extremities. Previous conservative treatment includes physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medication, and epidural injections. Physical examination revealed lumbar paraspinal musculature tenderness, decreased range of motion, weakness, and decreased sensation in the lower extremities. Treatment recommendations at that time included an anterior and posterior discectomy, decompression, and fusion with instrumentation and allograft at L3-4, L4-5, and L5-S1. It is noted that the injured worker underwent a lumbar spine x-ray on 02/07/2014, which indicated significant degenerative changes without any evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior discectomy, decompression and fusion with instrumentation and allograft at L3-4, L4-5, And L5-S1: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Discectomy/Laminectomy, Fusion.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral to physical or manual therapy, or the completion of a psychological screening. Preoperative surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon x-ray of CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there is no documentation of spinal instability upon flexion and extension view radiographs. Official Disability Guidelines only recommend a spinal fusion for spine pathology that is limited to 2 levels. There was no objective evidence of radiculopathy or objective findings that correlate with symptoms and imaging studies. There was no MRI or electrodiagnostic report submitted for this review. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.