

Case Number:	CM14-0046548		
Date Assigned:	07/02/2014	Date of Injury:	08/10/1999
Decision Date:	08/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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:

This is a 45 year-old male with an 8/10/99 date of injury. The patient was seen on 2/5/14 and presented with low back pain with lower extremity radiation greater on the right and weakness of the foot. Exam findings revealed a positive straight leg raise with diminished sensation in the right leg at the L4, L5, and S1 dermatome distribution, and weakness with plantar and dorsiflexion bilaterally. The diagnosis is lumbar radiculopathy. An MRI of the lumbar spine taken on 11/15/13 showed a 2mm left central disc bulge at L4/5 and a 3-4 mm left posterior-lateral disc bulge at L5/S1 without significant central canal or nerve root canal stenosis at either level. Treatment to date has been medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 anterior lumbar interbody fusion: Upheld

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

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

Decision rationale: The California MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The MRI does not show evidence of fracture, dislocation, or degenerative spondylolisthesis. There are no flex/ex films noted. In addition, there is a lack of documentation regarding conservative management to date aside from medications in this patient. Therefore, the request is not medically necessary.

Pre-operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative aqua therapy frequency/duration unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar Sacral Orthosis (LSO) Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.