

Case Number:	CM14-0053100		
Date Assigned:	07/07/2014	Date of Injury:	01/28/2011
Decision Date:	12/30/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Spine Surgeon 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 49-year-old female with a reported date of injury of 01/28/2011. The mechanism of injury involved a fall. The current diagnoses include lumbar radiculopathy. The injured worker presented on 03/26/2014 with complaints of lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes anti-inflammatory medications, physical therapy, and epidural injections. Physical examination of the lumbar spine revealed tenderness to palpation, 60 degree flexion, 25 degree extension, 25 degree right and left bending, diminished motor strength in the bilateral lower extremities, and intact sensation. Treatment recommendations at that time included an L5-S1 decompression. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar decompression and possible fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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) Low Back Chapter, Fusion (Spinal)

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be 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 failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, there was no evidence of spinal instability upon flexion and extension via radiographs. There were no imaging studies provided for this review. There was no documentation of a psychosocial screening prior to the request for a fusion. The injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary appropriate at this time.