

Case Number:	CM14-0060844		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2013
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Pennsylvania. 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 50-year-old who sustained a low back injury in a work-related accident on 6/14/13. The clinical records provided for review include the report of a recent orthopedic spine follow up dated 3/28/14 noting continued complaints of primarily 80 percent leg pain and 20 percent low back pain. Physical examination showed right extensor hallucis longus weakness with hypesthesia in a right L5-S1 dermatomal fashion. The report of plain film radiographs taken on that date identified degenerative findings at the L5-S1 level and no indication of segmental instability. The report of an MRI scan was also reviewed that showed right-sided L5 neural foraminal stenosis and disc protrusion. Diagnosis was dynamically stable spondylosis at the L5-S1 level. The recommendation was made for decompression, discectomy, and fusion at the L5-S1 level. The medical records do not document a previous surgical history of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Fusion And Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307,310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: Based on California ACOEM Guidelines, the request for L5-S1 lumbar fusion and discectomy would not be indicated. While this individual may benefit from a surgical decompression and discectomy, there is currently no indication for lumbar fusion as there is no documentation of segmental motion at the L5-S1 level on imaging. Without documentation of segmental instability as recommended by ACOEM Guidelines, the request for the L5-S1 fusion and discectomy would not be supported as medically necessary.