

Case Number:	CM14-0071080		
Date Assigned:	07/14/2014	Date of Injury:	08/04/2013
Decision Date:	08/13/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 44 year old male who is reported to have sustained work-related injuries on 08/04/13. On this date, he is reported have fallen sustaining injuries to his low back. The injured worker underwent MRI of the lumbar spine on 08/28/13. This reported an impression of at L5-S1 of marked disc degeneration with prominent Modic type 1 endplate changes and trabecular edema. There was a circumferential 2-4 millimeter disc bulge, greater in the midline, mild facet arthropathy with foraminal narrowing. At L4-5, there is mild disc degeneration with 1 millimeter circumferential in left posterior lateral annular fissure without stenosis. Records indicate that the injured worker has complaints of persistent low back pain and right leg pain. He is reported to have a decrease sensory examination in the L5 distribution. He has normal strength and range of motion of the bilateral lower extremities and deep tendon reflexes were symmetrical. An electrodiagnostic (EMG/NCV) study performed on 10/10/13 was noted to show no evidence of lower extremity peripheral entrapment or neuropathy or lumbosacral radiculopathy. Records indicate that the injured worker has had six sessions of physical therapy. Pain level is reported to be 8/10. Sensory examination later revealed decreased sensation to light touch and pinprick in the left lateral foot. Reflexes were 2+/4 and intact. He has been treated with oral medications and Pilates exercise program. He was subsequently recommended to undergo an L5-S1 interbody fusion. The records include the utilization review determination dated 04/14/14 in which the request for an L5-S1 interbody fusion was not recommended as being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior lumbar interbody fusion and consult with vascular surgeon prior: 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): 306-307.

Decision rationale: The submitted clinical records indicate that the injured worker has low back pain with radiation into the right lower extremity with mild L5 sensory deficit. Motor strength is intact and reflexes are symmetrical. The records provide no data to establish that there is any instability or fracture at the L5-S1 level. The record further does not indicate that the injured worker has undergone other conservative treatments such as lumbar epidural steroid injections for the sensory radiculopathy in the right lower extremity. As such the injured worker has not failed conservative management and as there is no evidence of instability, the request for anterior lumbar interbody fusion at L5-S1 is not medically necessary or supported under the ACOEM Guidelines.

Three (3) day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Inpatient Stay.

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