

Case Number:	CM14-0075827		
Date Assigned:	07/16/2014	Date of Injury:	11/25/2011
Decision Date:	10/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 59-year-old male who reported an injury on 11/25/2011 due to an unknown mechanism of injury. The injured worker's treatment history included surgical intervention in 2012, postoperative physical therapy, and anti-inflammatory medications. The injured worker was evaluated on 04/29/2014. It was documented that the injured worker had persistent lumbar spine complaints with no improvement in symptoms. Physical findings included normal, however, painful range of motion of the lumbar spine. The injured worker had diminished sensation over the left L3 dermatomal distribution with a negative straight leg raising test. It was noted that the injured worker had undergone an MRI that documented evidence of a previous laminectomy at the L4 to the S1 with a large disc herniation at the L2-3 causing significant L2-3 stenosis over the lateral recess. The injured worker's diagnoses included left L3 radiculopathy. The injured worker's treatment plan included L2-3 decompression and possible fusion for intraoperative instability. An appeal for authorization of spine surgery was submitted on 05/14/2014. It was documented that the request for spine surgery was denied secondary to a lack of physical findings of L3 radiculopathy. It was documented that the patient had failed to respond to conservative treatment and that additional decompression of the L2-3 disc would cause instability necessitating fusion surgery. A request was made for lumbar decompression and fusion. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression and Fusion: Upheld

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

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

Decision rationale: The requested decision for lumbar decompression and fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have significantly limiting and debilitating physical findings of radiculopathy correlative of a pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient has pain consistent with the L3 distribution that has failed to respond to physical therapy and medications. However, the clinical documentation does not provide an imaging study to support the need for surgical intervention. Furthermore, the request as it is submitted does not specifically identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lumbar decompression and fusion is not medically necessary or appropriate.