

Case Number:	CM14-0082223		
Date Assigned:	07/21/2014	Date of Injury:	05/06/2010
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation 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 58-year-old female who was reportedly injured on May 6, 2010. The mechanism of injury was noted as being on a chair and falling. The most recent progress note dated May 8, 2014, indicated that there were ongoing complaints of low back pain, bilateral leg pain, neck pain, and a right rotator cuff tear. The physical examination demonstrated tenderness along the cervical spine with spasms and normal upper extremity neurological examination. The examination of the lumbar spine noted facet pain at L2 -L3 and L5-S1 with paravertebral spasms and normal lower extremity neurological examination. Diagnostic imaging studies reported a right-sided L5-S1 paracentral disc protrusion facing the thecal sac and displacing the right S1 nerve root as well as degenerative changes at L2-L3. Lower extremity nerve conduction studies reported a right sided L5 radiculopathy. It was unclear whether previous treatment had been conducted. A request had been made for a transforaminal lumbar interbody fusion of L2-L3, and L5-S1 and post spinal fusion monitoring and was not certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion of L2/3 and L5/S1 and post spinal fusion OF L2/3 and L5/S1spinal monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disabilities Guidelines lower back.

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

Decision rationale: The American College of Occupational and Environmental Medicine practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. A review of the available medical records documented a diagnosis of lumbar radiculopathy but failed to demonstrate any of the criteria for a lumbar fusion. Furthermore, there were no flexion/extension plain radiographs of the lumbar spine demonstrating instability and no documentation of prior lumbar epidural steroid injections. Given the lack of documentation, this request for a transforaminal lumbar interbody fusion at L2-L3 and posterior spinal fusion at L5-S1 and subsequent spinal monitoring is not medically necessary.