

Case Number:	CM14-0095934		
Date Assigned:	07/25/2014	Date of Injury:	04/06/2011
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neurology and is licensed to practice in Pain Medicine. 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:

3/5/13 MRI of lumbar spine notes 4mm disc protrusion at L5-S1 without central canal stenosis, nerve root impingement or neural foraminal narrowing. 9/8/11 EMG reported to show acute bilateral L5-S1 radiculopathy findings. 5/9/14 report indicates low back pain rated 10/10. There is numbness and tingling and pain increases with activity. Treatment has included medication and physical therapy. Examination noted good strength, with decreased sensation in the lateral aspect of the calf and dorsum of the first right foot and dorsal interspace. Reflexes were normal. There was reduced range of motion in the lumbar spine with noted spasm. MRI of 1/17/14 is reported to show left paracentral disc protrusion and focal annular tear at the L5-S1 level with associated spinal stenosis and bilateral neural foramina narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Length of stay.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal fusion Page(s): 307-308.

Decision rationale: The medical records provided for review do not indicate physical exam findings of spine instability, severe stenosis, myelopathy, or failure to respond to formal pain rehabilitation program. There is no finding in support of spinal fracture, dislocation, or spondylolisthesis. There is otherwise noted normal strength and reflexes. MTUS guidelines do not support spinal fusion as demonstrating superior outcome for insured condition in absence of such abnormal findings.