MAXIMUS Federal Services

Case Number:	CM14-0096003		
Date Assigned:	07/21/2014	Date of Injury:	02/06/2012
Decision Date:	08/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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 36-year-old male who reported an injury on 02/06/2012 after lifting a heavy drum of pills. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications and epidural steroid injections. The injured worker underwent an MRI on 01/17/2014 that documented that there was multilevel degenerative disc disease, spondylosis at the L4-5, a disc bulge at the L5-S1 compressing the exiting right L5 nerve root, a disc bulge at the L4-5 compressing the exiting left L4 nerve root, a disc bulge at the L3-4 effacing the thecal sac and a mild disc bulge at the L2-3. The injured worker was evaluated on 05/07/2014. It was documented that the injured worker had significantly increasing lumbar pain that had failed to respond to physical therapy, medications and epidural steroid injections. Physical findings included restricted range of motion of the lumbar spine secondary to pain, a positive straight leg raise test to the left and tenderness to palpation of the left buttock. The injured worker's diagnoses included left leg radiculopathy and a lumbar disc herniation at the L4-5 and L5-S1. A request was made for an interbody fusion at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interbody Fusion at L4-5 and L5 S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested interbody fusion at the L4-5 and L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for lumbar injuries for injured workers who have significant physical findings in a distribution consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has L4-5 and L5-S1 radiculopathy consistent with disc bulging at the L4-5 and L5-S1, contacting the exiting nerve roots. It is also noted that the injured worker has failed to respond to medications, physical therapy and epidural steroid injections. However, the American College of Occupational and Environmental Medicine recommends fusion surgery for patients with significant instability. The clinical documentation does not provide any type of imaging study to support that there is instability in the spinal column that would require fusion surgery. Furthermore, a psychological consultation is recommended prior to spinal surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone any type of psychological consultation to support that he is an appropriate candidate for interbody fusion. As such, the requested interbody fusion at the L4-5 and L5-S1 is not medically necessary or appropriate.