

Case Number:	CM14-0173152		
Date Assigned:	10/23/2014	Date of Injury:	02/24/2013
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 Georgia & South Carolina. 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 49-year-old male who reported an injury on 02/24/2013. The injured worker reportedly sustained a low back strain, while pushing a company car. Current diagnoses include lumbar disc herniation at L3-4 and L4-5, and radiculopathy involving the bilateral lower extremities. The injured worker presented on 09/23/2014 with complaints of 9/10 lower back pain. Physical examination revealed tenderness to palpation in the paralumbar musculature, positive muscle spasm, 5/5 motor strength, 2+ deep tendon reflexes, 60 degree forward flexion, 10 degree extension, 30 degree lateral tilt, and diminished sensation in the L4-5 nerve root distribution. Treatment recommendations at that time included continuation of the current medication regimen and reconsideration for a lumbar discectomy and fusion to relieve the lower back, as well as bilateral lower extremity radicular pain. There was no Request for Authorization form submitted for review. The only imaging study provided for this review is an incomplete MRI of the lumbar spine with flexion and extension on 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar Discectomy and Fusion: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging and electrophysiologic evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state, preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening. As per the documentation submitted, there was no evidence of a significant functional limitation. There is also no documentation of spinal instability on flexion and extension view radiographs. There is no mention of a psychological evaluation prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.