

Case Number:	CM14-0185973		
Date Assigned:	11/17/2014	Date of Injury:	03/15/2011
Decision Date:	01/22/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 New York. 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:

This is a 45 year old female who sustained a work related injury on March 15, 2011. There is no documentation submitted as to how the injured worker sustained the injury. A physician's note dated March 5, 2014 notes that the injured continued to have significant lower back pain radiating to the lower extremities with numbness and weakness. Diagnoses include lumbosacral radiculopathy, pain in limb, shoulder region disorders not elsewhere classified and enthesopathy of the wrist and hip. Diagnostic testing included an MRI which revealed complete disc collapse at the lumbar 5-sacral 1 level with significant bilateral foraminal narrowing, greater on the right than the left. Past surgery included a right hemi-laminectomy at the lumbar 5-sacral 1 level. Physical examination revealed spasm, tenderness and guarding at the paravertebral musculature of the lumbar spine with decreased range of motion. The injured worker also had weakness with toe and heel walking. Physician documentation dated October 8, 2014 notes that the injured worker continued to have chronic pain in the lumbar spine with radiation to the lower extremities bilaterally with decreased range of motion on flexion and distention and pain on heel and toe walking. Current diagnoses are lumbosacral radiculopathy and shoulder region disorders not elsewhere classified. The documentation states that the injured worker failed to improve with conservative treatment and on October 20, 2014 a request for a transforaminal lumbar interbody fusion instrumentation and bone grafting at the lumbar 5-sacral one level. On October 23, 2014 utilization review evaluated and denied the request for the surgery. Utilization Review denied the request due to ACOEM Guidelines which do not support a spinal fusion in the absence of a fracture, dislocation, spondylolisthesis, instability or evidence of a tumor. In addition, the documentation does not provide specific conservative modalities performed. Given the lack of documentation the request for surgery has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion Instrumentation and Bone Grafting at L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-322.

Decision rationale: The patient has chronic low back pain. Established criteria for lumbar fusion surgery not met. There is no documentation of abnormal instability greater than 5 mm in any lumbar section on flexion-extension views. Also, there are no red flag indicators for spinal fusion surgery, such as fracture tumor or progressive neurologic deficit. Criteria for fusion surgery were not met. Therefore, this request is not medically necessary.