

Case Number:	CM14-0193144		
Date Assigned:	11/26/2014	Date of Injury:	07/16/2013
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Surgeon 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:

According to the records made available for review, this is a 47-year-old male with a 7/16/13 date of injury. At the time (11/4/14) of request for authorization for decompression and anterior/posterior fusion at L4-L5, L5-S1 levels, there is documentation of subjective (chronic low back pain with radicular symptoms into the lower extremities, right side greater than the left) and objective (cannot heel and toe walk and unable to squat, decreased range of motion, tenderness and spasm in the lumbar spine with pain on flexion and extension, ankle dorsiflexion and extension of the great toe EHL rated 4/5, decreased sensation over the dorsal foot bilaterally and over the lateral leg on the right side, positive straight leg raise on the right at 90 degrees) findings, imaging findings (reported lumbar spine MRI (8/1/13) revealed disc osteophyte complex at L4-5 and L5-S1 with bilateral neural foraminal narrowing, disc desiccation, disc height loss and lumbar spondylosis; report not included for review), current diagnoses (lumbar disc herniation with lumbar disc disease and lumbar radiculopathy), and treatment to date (epidural injections and activity modification). There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), an imaging report, and an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and Anterior/Posterior Fusion at L4-L5, L5-S1 Levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Within the medical information available for review, there is documentation of diagnoses of lumbar disc herniation with lumbar disc disease and lumbar radiculopathy. In addition, there is documentation of objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month; and failure of conservative treatment. However, despite documentation of chronic low back pain with radicular symptoms into the lower extremities, right side greater than the left, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy). In addition, despite the medical reports' reported imaging findings (lumbar spine MRI (8/1/13) identifying disc osteophyte complex at L4-5 and L5-S1 with bilateral neural foraminal narrowing, disc desiccation, disc height loss and lumbar spondylosis), there is no documentation of an imaging report. Furthermore, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for decompression and anterior/posterior fusion at L4-L5, L5-S1 levels is not medically necessary.