

Case Number:	CM14-0196340		
Date Assigned:	12/03/2014	Date of Injury:	10/28/2011
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

This is a 51 year old male with a 10/28/11 injury date. The mechanism of injury was described as a motor vehicle accident. In a 10/9/14 note, the injured worker complained of back pain with radiation into the lower extremities. Objective findings included decreased lumbar range of motion and decreased sensation in the bilateral L5 and S1 dermatomes. A 5/23/13 lumbar MRI revealed an L4-5 4 mm disc protrusion and an L5-S1 3-4 mm disc protrusion. A 5/17/13 electrodiagnostic study revealed active right L5 and chronic S1 lumbar radiculopathy. Diagnostic impression: lumbar degenerative disc disease, radiculopathy. Treatment to date: medications, physical therapy, epidural steroid injections. A UR decision on 11/11/14 denied the request for lumbar spinal fusion with instrumentation and bone grafting at L4-S1 because spinal instability was not demonstrated and the issue of depression was not addressed. The request for lumbar MRI was denied because the provider wanted the MRI for the purpose of surgery which was denied. The request for inpatient hospital stay was denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Interbody Fusion, Instrumentation and Bone Grafting L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition, 2014, Low Back, Fusion (spinal)

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

Decision rationale: CA MTUS states that surgical intervention is "recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment." In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is "effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on." In this case, the injured worker has signs and symptoms of lumbar radiculopathy that correlate well with the levels of pathology seen on the imaging and electrodiagnostic studies. Therefore, the injured worker appears to be a good candidate for a decompressive procedure. However, there was no evidence of spinal instability that would necessitate a fusion procedure. Specifically, there was no significant spondylolisthesis at L4-S1, and there were no documented lumbar flexion/extension x-rays that might have shown dynamic instability. Therefore, the request for Lumbar Interbody Fusion, Instrumentation and Bone Grafting L4-L5 and L5-S1 is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 12th Edition, 2014, Low back, Fusion (spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, the injured worker's last MRI was in May 2013, and there have been no new documented red flag symptoms/signs, and no evidence of significant progression of disease. Therefore, the request for MRI of the Lumbar Spine is not medically necessary.

Facility: Inpatient X3 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 12th Edition, 2014, Low back, Fusion (spinal)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.