

Case Number:	CM14-0202173		
Date Assigned:	12/12/2014	Date of Injury:	07/30/2012
Decision Date:	02/09/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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 Minnesota. 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 28-year-old male with a reported date of injury of 7/30/2012. He was lifting a 20-30 pound crate from the ground when he noticed pain in the lower back. He was evaluated with a CT scan and MRI scan as well as electrodiagnostic testing. He was treated with physical therapy, acupuncture, medications and also epidural steroid injection. Per QME of 7/17/2014 he has low back pain radiating down the left lower extremity and occasionally has pain in the right lower extremity radiating to the foot. There is a sensation of weakness in the left lower extremity. He also complains of numbness in the entire left lower extremity. On examination sensation was intact in both lower extremities. Motor function was 5/5. Deep tendon reflexes were 3-4+ knee jerks and 3+ Achilles reflexes bilaterally. An MRI scan of the lumbar spine dated 10/3/2012 showed a 4 mm broad based L5-S1 disc protrusion with desiccation and mild disc height loss with annular fissure and a prominent component involving the right foraminal zone with moderate to severe right neural foraminal narrowing and mild left neural foraminal narrowing and mild central canal stenosis. An MRI scan of the lumbar spine repeated on 11/15/2013 showed a 1-2 mm L3-4 and L4-5 disc bulge without canal stenosis or neural foraminal narrowing. There was an L5-S1 posterior annular tear, 2-3 mm posterior disc bulge with moderate right and mild to moderate left neural foraminal narrowing, with bilateral exiting nerve root compromise. A CT scan of the lumbar spine of 12/19/2013 showed no fractures. There were bilateral pars defects at L5-S1. There was a 2-3 mm L3-4 and L4-5 posterior disc bulge without canal stenosis or neural foraminal narrowing. There was a 2-3 mm L5-S1 posterior disc bulge with mild to moderate bilateral neural foraminal narrowing. The QME dated July 17, 2014 did not find any surgical lesion. The disputed request pertains to lumbar spinal fusion and decompression at L5-S1. There is no documented instability at L5-S1. Therefore the request was noncertified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spinal Fusion & Decompression of L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, and 310.

Decision rationale: California MTUS guidelines do not recommend a lumbosacral fusion in the absence of fracture, dislocation, complications of tumor, or infection. The guidelines indicate surgical considerations if there are severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, 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 to resolve disabling radicular symptoms. In cases of spondylolisthesis fusion is not recommended unless there is instability and motion in the segment operated on. The guidelines state that a lumbar fusion in patients with other types of low back pain very seldom cures the patient. The request as stated is for a lumbar fusion and decompression at L5-S1. The documentation does not indicate any instability at L5-S1. In light of the above, the request for a lumbar fusion and decompression at L5-S1 is not supported by guidelines and as such, the medical necessity of the request is not substantiated.