

Case Number:	CM14-0208331		
Date Assigned:	12/22/2014	Date of Injury:	05/16/2012
Decision Date:	02/25/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old male who reported an injury on 05/16/2012. The mechanism of injury was not provided. On 06/06/2014, the injured worker presented with complaints of ongoing aching pain in the upper back, as well as aching, stabbing, and burning pain in the low back. He also complained of aching pain to the right hip. Upon examination, the injured worker had an antalgic gait. There was tenderness noted over the lumbar spine over the paralumbar musculature. There was a positive sciatic stretch sign and a positive bilateral straight leg raise. There was significantly reduced range of motion noted. There was spinous muscle spasm noted to the left with restrictions in all planes due to increased pain. There was weakness noted to the foot dorsiflexor and toe extensor on the left. There was decreased sensation in the lateral aspect of the tibia and dorsum of the foot. The injured worker was currently taking Norco, tizanidine, omeprazole, and Ambien. The provider recommended an L4-L5 transforaminal discectomy and fusion, lumbar spine brace, and 18 sessions of postoperative aquatic therapy. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 transforaminal discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 & 306-307.

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

Decision rationale: The request for an L4-L5 transforaminal discectomy and fusion is not medically necessary. The California MTUS/ACOEM Guidelines state that except for cases of trauma related spinal fractures or dislocation, fusion of the spine is not usually considered within the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. The provider's request for a discectomy is indicated. However, the fusion is not warranted. The injured worker was treated conservatively with epidural steroid injections, medications, therapy, and acupuncture. There were minimum findings of functional improvement. The guidelines do recommend discectomy for patients with evidence of severe or debilitating symptoms and physiologic evidence of specific nerve root compromise confirmed by appropriate imaging studies after at least 3 months of conservative care. However, the guidelines state that due to a lack of scientific evidence of long term effectiveness of spinal fusion, it is only recommended in cases of trauma related spinal fracture or dislocation. As such, medical necessity has not been established.

LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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.

18 sessions of post op aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.