MAXIMUS Federal Services

Case Number:	CM15-0102242		
Date Assigned:	06/05/2015	Date of Injury:	03/21/2012
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York
Certification(s)/Specialty: Neurological 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 54 year old male, who sustained an industrial injury on 3/21/12. He reported initial complaints of back and buttock injury after experiencing a fall. The injured worker was diagnosed as having HNP L5-S1; left sciatica. Treatment to date has included chiropractic therapy; physical therapy; epidural steroid injection (7/2014); medications. Diagnostics included X-ray lumbar spine (5/7/12); MRI lumbar spine (1/9/15). Currently, the PR-2 notes dated 4/13/15 indicated the injured worker complains of back and radiating left buttock and leg pain. He describes approximately 50% of the pain is back and 50% buttock and leg pain. The pain is quite debilitating and markedly worse with activities including standing and walking as noted by the provider. The physical examination notes non-antalgic gait and able to walk heel-to-toe walk. There is pain on palpation of the lower lumbar spine in the left buttock region. Lumbar range of motion notes flexion 45/60, extension 15/25, left lateral bending 10/25 with reproduction left leg pain and right lateral bending 25/25. There is normal tone with some paraspinal spasms. The lower extremity examination notes full range of motion at hips, knees and ankles. Sensation to light touch is diminished in the left L5 distribution in the lateral aspect of the calf and dorsum of the foot. Straight leg raise is negative. A MRI of the lumbar spine dated 1/9/15 is documented as a large L5-S1 right foraminal and lateral disc protrusion resulting in severe left foraminal stenosis compressing the L5 exiting nerve root. There is a smaller L2-3 disc bulge, but does not contact or displace the exiting L2 or traversing L3 nerve root. There is some mild disc desiccation L4-5. The provider documents the injured worker has failed conservative treatments including physical therapy, injections and medications. He is requesting

authorization of a L5-S1 MIS TLIF (Transforaminal Lumbar Interbody Fusion) with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 MIS TLIF (Transforaminal Lumbar Interbody Fusion) with instrumentation: 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): 305-307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation shows the patient has primarily low back pain. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: L5-S1 MIS TLIF (Transforaminal Lumbar Interbody Fusion) with instrumentation is not medically necessary and appropriate.