

Case Number:	CM15-0131548		
Date Assigned:	07/17/2015	Date of Injury:	08/23/2012
Decision Date:	08/17/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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: Illinois, California, 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:

This injured worker is a 42-year-old male who sustained an industrial injury on 8/23/12. Injury occurred when he fell from a trailer entrance and landed on his back. The 1/26/15 bilateral lower extremity EMG documented bilateral L5 mytome radiculopathy with clear active chronic on chronic degenerative changes. The 5/13/15 lumbar spine MRI impression documented a posterior annular bulge at L4/5, slightly less prominent when compared to prior study. Findings documented mild posterior disc bulging at L4/5 with mild effacement of the right lateral recess, and no neuroforaminal stenosis evident. The 6/15/15 treating physician report cited grade 6/10 low back pain radiating into both legs. Social history was positive for cigarette smoking. Medications included Meloxicam, Norco, and omeprazole. Lumbar spine exam documented restricted and painful range of motion, paraspinal tenderness and spasms, positive straight leg raise, positive bilateral crossing reflex, normal strength, 2+ and symmetrical deep tendon reflexes, and normal sensation. The diagnoses included L4/5 degenerative disc disease and L5 radiculopathy. Authorization was requested for L4/5 lateral lumbar interbody fusion. The 6/30/15 utilization review non-certified the request for L4/5 lateral lumbar interbody fusion as there was no imaging evidence of lumbar instability or spondylolisthesis at the L4/5 level, or severity of stenosis that would require wide decompression creating instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 lateral lumbar interbody fusion Qty: 1.00: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: Guideline criteria have not been met. This injured worker presents with low back pain radiating into both legs. Signs/symptoms and clinical exam are consistent with electrodiagnostic and imaging evidence of L5 radiculopathy. Detailed evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no radiographic evidence of spinal segmental instability or spondylolisthesis. There were no imaging findings or discussion supporting the need for wide decompression that would result in temporary intraoperative instability necessitating stabilization. There is no evidence of a psychosocial screen or smoking cessation consistent with guideline recommendations. Therefore, this request is not medically necessary.