

Case Number:	CM15-0187609		
Date Assigned:	09/29/2015	Date of Injury:	10/15/2013
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Minnesota, Florida

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 44-year-old male, who sustained an industrial injury on 10-15-2013. The medical records indicate that the injured worker is undergoing treatment for lumbar sprain with radiation to left lower extremity, rule out lumbar radiculopathy, history of lumbar herniated disc at L5-S1, and left S1 radiculopathy. According to the progress report dated 8-25-2015, the injured worker presented with complaints of persistent pain in the lower back with radiation down both legs, associated with weakness. On a subjective pain scale, he rates his pain 7 out of 10. The physical examination of the lumbar spine reveals tenderness over the midline, tenderness and hypertonicity in the paraspinal musculature, positive straight leg raise test in the left lower extremity, decreased motor strength (4 out of 5) in the left toe and ankle dorsiflexors, and diminished sensation in the left L4 and L5 nerve root distribution. The current medications are Percocet and Omeprazole. Previous diagnostic studies include x-rays, electrodiagnostic testing (6-13-2014), and MRI of the lumbar spine (5-17-2015). The MRI report shows L5-S1 disc bulge with annular tear producing mild thecal sac indentation and mild encroachment on the descending left ventral S1 nerve root without significant displacement or compression. Electrodiagnostic report reveals prolonged H reflex latency on the left side, which is suggestive of S1 radiculopathy. Treatments to date include medication management, 6 physical therapy sessions (provided relief), pain injections, and a series of 3 epidural steroid injections (temporary relief). Work status is described as not working. The original utilization review (8-26-2015) had non-certified a request for anterior lumbar interbody fusion, posterior laminectomy and fusion L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion, Posterior Laminectomy & Fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 44-year-old male with a date of injury of 10/15/2013. Per progress notes dated 8/25/2015, he was complaining of low back pain with radiation down both legs. On examination, there was tenderness to palpation in the midline and in the paraspinal musculature. Straight leg raising was positive on the left. Motor testing revealed 4/5 strength in the left toe and ankle dorsiflexors and diminished sensation in the L4 and L5 nerve root distribution on the left. The most recent MRI scan of the lumbar spine dated 5/17/2015 was reported to show: 1. L1-2 disc bulge producing mild thecal sac indentation without nerve root impingement. 2. L5-S1 disc bulge with annular tear producing mild thecal sac indentation and mild encroachment on the descending left ventral S1 nerve root without significant displacement or compression. There was no significant spondylolisthesis documented. Flexion/extension films have not been obtained. California MTUS guidelines indicate a spinal fusion in the presence of trauma related fracture or dislocation, increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis, or complications of tumor or infection. There is no good evidence that spinal fusion is effective in the absence of the above conditions. The documentation provided does not indicate spondylolisthesis or instability at the level of the requested fusion. As such, the request for anterior lumbar interbody fusion and posterior laminectomy and fusion at L5-S1 is not supported and the medical necessity of the request has not been substantiated.