

Case Number:	CM15-0021628		
Date Assigned:	02/11/2015	Date of Injury:	05/22/2014
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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 68-year-old male who reported an injury on 05/22/2014, due to an unspecified mechanism of injury. On 01/15/2015, he presented for a follow-up evaluation. He reported pain in the low back with associated numbness and weakness that radiated into the left leg. It was noted that he had undergone 6 sessions of physical therapy, but had not tried injections. He was noted to be taking unknown blood pressure medications. A physical examination showed foot drop on the left with 4/5 weakness of plantarflexion on the left and 5/5 for the rest. No atrophy was noted and he walked with an abnormal gait, slightly dragging the left leg. Sensation was noted to show numbness and tingling radiating in an L5-S1 dermatomal distribution, mostly on the left and slightly on the right, and hypoactive reflexes on the left. An MRI of the lumbar spine, dated 11/01/2014, showed severe narrowing of the left lateral recess of the L5-S1 level with a 5 mm broad left paracentral protrusion with associated annular fissuring that compressed the left S1 nerve root and in the left lateral recess. There was mild spinal canal stenosis and moderate narrowing of both lateral recesses at the L4-5 level where there was a 2 mm circumferential disc bulge with associated annular fissuring that encroached on both the L5 nerve roots. The treatment plan was for 1 transforaminal lumbar interbody fusion, posterior spinal fusion/posterior spinal instrumentation at the L4-5 and L5-S1 with surgical assistance and 2 days inpatient stay. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Lumbar Interbody Fusion, Posterior Spinal Fusion/Posterior Spinal Instrumentation at L4-L5 and L5-S1 with Surgical Assistance and 2 days inpatient stay:
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): 307.

Decision rationale: The California ACOEM Guidelines indicate that a surgical consultation may be indicated for those who have severe and disabling lower leg syndrome symptoms in a distribution consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain, clear clinical imaging and electrophysiological evidence of a lesion that had been shown to benefit from surgical repair, and failure of all recommended conservative care. The documentation provided does not show that the injured worker has tried and failed all recommended forms of conservative therapy to support the request. Also, for fusions, the guidelines state that a psychological evaluation is required prior to undergo a lumbar fusion. The documentation provided does not show that the injured worker has undergone a psychological evaluation, and therefore, the request would not be supported. Given that the requested surgical intervention is not medically necessary, the requested surgical assistant and 2 day inpatient stay would also not be supported. Therefore, the request is not medically necessary.