

Case Number:	CM15-0025909		
Date Assigned:	02/18/2015	Date of Injury:	05/16/2011
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/11/2015

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, New Hampshire, Washington
 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 51 year old male, who sustained an industrial injury on 5/16/2011. The diagnoses have included spondylosis, lumbar, sacral. Treatment to date has included physical therapy, medications and epidural steroid injections (2). Currently, the IW complains of low back pain with left lower extremity pain and numbness. EMG (electromyography) dated 10/05/2012 revealed no evidence of radiculopathy. Magnetic resonance imaging (MRI) of the lumbar spine dated 6/18/2013 showed mild disc desiccation, degenerative changes and posterior osteophytes at the L5-S1 level, a 2mm broad based left side disc protrusion at the L4-5 which abutted but did not compress the emerging L5 root. There is no change from the MRI dated 11/12/2012. On 1/30/2015, Utilization Review non-certified a request for left L5 microdiscectomy with possible anterior and posterior fusion from L4-S1, noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM Guidelines were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of low disc back surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 microdiscectomy with possible anterior and posterior fusion from L4-S1:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: MTUS criteria for lumbar decompression and fusion surgery not met. There is no clear correlation between MRI imaging and physical exam findings showing specific radiculopathy. Also, MTUS criteria for fusion not met. There is no documented instability, fracture, or tumor. Both fusion and decompression not needed.