

Case Number:	CM15-0217417		
Date Assigned:	11/09/2015	Date of Injury:	08/13/2013
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 42 year old male, who sustained an industrial injury on 8-13-2013. The injured worker is being treated for lumbar radiculopathy. Treatment to date has included diagnostics, medications, acupuncture, physical therapy and injections. Per the Orthopedic Evaluation dated 9-22-2015, the injured worker presented for initial visit with complaints of low back pain with radiation to the legs, as well as neck pain. He reported minimal improvement despite using anti-inflammatories, physical therapy and epidural injections. Objective findings of the lumbar spine included tenderness to palpation over the paraspinal musculature. There was normal lordosis, and ranges of motion were within normal limits. Lumbar magnetic resonance imaging (MRI) "reports L4-S1 stenosis." Work status was deferred to the PTP. The plan of care included medication and surgical intervention and authorization was requested for lumbar L5-S1 fusion. On 10-09-2015, Utilization Review modified the request for lumbar L5-S1 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per orthopedic evaluation of 9/22/2015, the injured worker was complaining of low back pain with radiating numbness to the legs as well as neck pain. The predominant complaint was low back pain. He claimed as it started in 2013 and he had minimal improvement despite anti-inflammatories and physical therapy as well as epidural injections. Examination of the lumbar spine revealed tenderness over the paraspinal musculature. Flexion was 60/60 and extension 25/25. Right bend was 25/25 and left bend was 25/25. Straight leg raising was negative. Neurologic examination revealed diminished sensation over bilateral L5 dermatomes. Reflexes were 2+ in the patellae and Achilles. MRI scan of the lumbar spine dated 9/28/2015 revealed a broad-based disc herniation at L4-5, which indented the thecal sac. Disc material and facet hypertrophy caused bilateral neural foraminal narrowing. There was associated narrowing of the lateral recesses with contact on bilateral L5 transiting nerve roots. At L5-S1 there was diffuse disc herniation indenting the thecal sac. There was bilateral neural foraminal narrowing with contact on bilateral L5 exiting nerve roots. There was associated narrowing of bilateral lateral recesses with deviation of bilateral S1 transiting nerve roots. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. In this case, there is no evidence of spondylolisthesis or instability noted. The documentation indicates complaints of low back pain but no significant radicular pain is documented. Straight leg raising was negative. Normal range of motion is documented. Other than the reported sensory deficit, there is no objective evidence of neural compromise. In light of the foregoing, the request for L5-S1 fusion is not supported and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.