

Case Number:	CM15-0036819		
Date Assigned:	03/05/2015	Date of Injury:	06/09/2012
Decision Date:	05/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: Oregon, California
Certification(s)/Specialty: Neurological 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 62-year-old male who reported an injury on 06/09/2012. The mechanism of injury was not stated. The current diagnosis is L4 radiculopathy. The injured worker presented on 10/21/2014 for a follow-up evaluation regarding low back pain. The injured worker had been previously treated with epidural steroid injections in 2012 which provided temporary relief of symptoms. Upon examination of the lumbar spine, there was tenderness to palpation over the paraspinal musculature, 60 degrees flexion, 25 degrees extension, 25 degrees right and left bending, and tenderness over the spinous processes. There was normal motor strength in the bilateral lower extremities with diminished sensation over the bilateral L4 dermatomes. Reflexes were 2+ in the patella and Achilles region. Recommendations at that time included an L4-5 decompression and fusion. The official MRI of the lumbar spine completed on 10/13/2014 was also provided for this review, and revealed evidence of a diffuse disc protrusion with effacement of the thecal sac at L4-5 causing narrowing of the lateral recess, hypertrophy of the facet joints, and bilateral neural foraminal narrowing with effacement on the L4 exiting nerve root. Flexion and extension was noted at 2.8 mm. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and fusion L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, it was noted that the injured worker had failed conservative treatment. However, there was no documentation of spondylolisthesis or spinal instability at the L4-5 level. There was also no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. While it is noted that the injured worker was initially treated with physical therapy, medication, and injections, the latest injection procedures were documented in 2012. There was no evidence of a recent attempt at any conservative treatment. The injured worker's current medication list was not provided. Given the above, the request is not medically necessary at this time.