

Case Number:	CM15-0082007		
Date Assigned:	05/05/2015	Date of Injury:	08/17/2009
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: California, Indiana, Oregon 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 39 year old male, who sustained an industrial/work injury on 8/17/09. He The injured worker was diagnosed as having lumbago. Treatment to date has included medication and diagnostics. MRI results were reported on 9/12/14. Currently, the injured worker complains of ongoing lumbar pain. Per the primary physician's progress report (PR-2) on 4/17/15, examination reveals tenderness to palpation over the paraspinal musculature, reduced strength 4/5 with ankle dorsiflexion and big toe dorsiflexion on the left, sensation is diminished over the left L4 and L5 dermatomes. Diagnosis is lumbar radiculopathy. The requested treatments include urgent L4-L5 decompression and fusion and urgent post-op physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2xwk X8wks Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

L4-L5 Decompression and Fusion: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion." According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptoms. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In this particular patient, there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm in the records provided for review including the exam note from 4/17/15. Therefore, the request is not medically necessary.