

Case Number:	CM14-0116903		
Date Assigned:	09/16/2014	Date of Injury:	12/11/2012
Decision Date:	10/21/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who reported an injury on 12/11/2012. The injured worker reportedly suffered a low back strain while pulling an electrical cord. Current diagnoses included internal disc derangement at L4-5, left gluteus medius spasm, and chronic low back pain. Current medications include Ibuprofen. Previous conservative treatment includes physical therapy, epidural steroid injections, chiropractic treatment, aquatic therapy, trigger point injections, and SI joint injections. The injured worker was evaluated on 08/19/2014 with complaints of persistent lower back and bilateral leg pain. Physical examination revealed an antalgic gait with diminished strength in the left lower extremity, decreased light touch sensation in the left L4 and L5 dermatome, and positive straight leg raising on the left. Treatment recommendations at that time included an L4-5 fusion. It is noted that the injured worker underwent an MRI of the lumbar spine on 06/17/2014 which indicated a broad based posterior disc protrusion with mild central canal stenosis and compression of the bilateral descending L5 nerve roots. A Request for Authorization form was submitted on 08/24/2014 for an L4-5 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminotomy L4-L5 with discectomy, fusion, instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 306. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Low Back

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, Discectomy/Laminectomy, Fusion (spinal)

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than one month, clear clinical, imaging and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral restenosis. Conservative treatment should include activity modification, drug therapy and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker has participated in an extensive amount of conservative treatment to include physical therapy, epidural steroid injections, chiropractic treatment, and aquatic therapy. Physical examination does indicate evidence of radiculopathy, as evidenced by diminished strength and decreased sensation in the left lower extremity with limited range of motion and positive straight leg raise. However, the Official Disability Guidelines state prior to a lumbar spine fusion, there should be documentation of spinal instability upon x-ray or CT myelogram. There is no documentation of spinal instability upon flexion and extension view radiographs. Therefore, the current request cannot be determined as medically appropriate at this time.

Pre-Operative Testing of CBC, Chem 20, PT/PTT, Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure is not medically necessary, the current request is also not medically necessary.