

Case Number:	CM14-0119099		
Date Assigned:	08/08/2014	Date of Injury:	08/28/2010
Decision Date:	10/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/29/2014

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 Surgery, has a subspecialty in Spine Fellowship Trained and is licensed to practice in California. 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:

According to the records made available for review, this is a 36-year-old male with an 8/28/10 date of injury. At the time (3/28/14) of the request for authorization for lumbar spine discectomy and fusion L4-5 and L5-S1 and unknown hospital length of stay, there is documentation of subjective (back pain radiating down both legs) and objective (deep tendon reflexes are diminished bilaterally) findings, imaging findings (MRI lumbar spine (1/28/14) report revealed degenerative desiccation is seen in the L4-5 and L5-S1 discs. Osteophyte complex with focal disc protrusion is seen in the left L5-S1 subarticular and foraminal zones. The disc abuts but does not appear to displace the left S1 nerve root), current diagnoses (degenerative disk disease at L4-5 and L5-S1, left annular tear at L5-S1, and left S1 radiculopathy), and treatment to date (medication, physical therapy, acupuncture, chiropractic care, and epidurals). There is no documentation of severe and disabling lower leg symptoms, objective signs of neural compromise, and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discectomy and fusion L4 - 5 and L5 - S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Discectomy/laminectomy and Fusion (spinal)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of (degenerative disk disease at L4-5 and L5-S1, left annular tear at L5-S1, and left S1 radiculopathy. In addition, there is documentation of failure of conservative treatment. However, despite documentation of nonspecific subjective (back pain radiating down both legs) and objective (deep tendon reflexes are diminished bilaterally) findings, there is no specific (to a nerve root distribution) documentation of severe and disabling lower leg symptoms and objective signs of neural compromise. In addition, given the documented imaging findings (MRI lumbar spine (1/28/14) report revealed degenerative desiccation is seen in the L4-5 and L5-S1 discs. Osteophyte complex with focal disc protrusion is seen in the left L5-S1 subarticular and foraminal zones. The disc abuts but does not appear to displace the left S1 nerve root), there is no documentation of imaging findings (at L4-5) in concordance between radicular findings on radiologic evaluation and physical exam findings. Therefore, based on guidelines and a review of the evidence, the request for lumbar spine discectomy and fusion L4-5 and L5-S1 is not medically necessary.

Unknown hospital length of stay: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.