

Case Number:	CM14-0128083		
Date Assigned:	09/05/2014	Date of Injury:	01/18/2013
Decision Date:	12/15/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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 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:

This is a 68 year old female with a 1/18/13 injury date. In a 7/12/14 note, the patient complained of back and radiating leg pain. Objective findings included paraspinous muscle spasm, reduced lumbar range of motion, clonus on the right, positive Hoffman sign bilaterally, decreased sensation to light touch on the right L5 distribution, and 4+/5 strength extensor hallucis longus (EHL) on the left. In a 4/19/14 note, the patient complained of low back pain radiating to the hips. A 10/9/13 lumbar MRI showed multilevel degenerative changes and spinal canal narrowing at L4-5 and L5-S1, L4-5 left greater than right neuroforaminal narrowing, and L5-S1 bilateral neuroforaminal narrowing. Lumbar flexion/extension x-rays on 5/6/14 showed no evidence of instability. The provider recommended an L4-5 posterior lumbar interbody fusion. Diagnostic impression: lumbar degenerative disc disease, spondylosis. Treatment to date: medications, physical therapy, acupuncture. A UR decision on 8/5/14 denied the request for lumbar spine fusion because the imaging did not indicate instability and the exam did not indicate severe/disabling leg symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine 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): 305-307.

Decision rationale: CA MTUS states that 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. However, there was no evidence of spondylolisthesis or segmental instability on either the MRI or the flexion/extension x-rays. In addition, the radicular complaints are vague and not well-correlated to the MRI findings. The physical exam findings also do not correlate well with the MRI findings. The medical necessity of the procedure has not been established at this point. Therefore, the request for lumbar spine fusion is not medically necessary.