

Case Number:	CM14-0150048		
Date Assigned:	10/23/2014	Date of Injury:	10/05/2012
Decision Date:	11/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 63-year-old male who reported an injury on 10/05/2012. The mechanism of injury was a slip and fall. The injured worker underwent a right shoulder arthroscopy. The prior therapies included physical therapy and a TENS unit. The documentation indicated the injured worker had a MRI of the lumbar spine on 02/20/2014. The unofficial results included an impression of mild stenosis at L4-5 and moderate degenerative disc disease at L5-S1 with mild to moderate bilateral neural foraminal stenosis. The documentation indicated that the injured worker had failed conservative therapy including physical therapy, medication, and activity modification. The injured worker had a neurologic deficit in the form of ankle weakness, per the appeal letter, dated 09/03/2014. The documentation indicated the injured worker had more than 1 year of conservative treatment, including anti-inflammatories and physical therapy. The physician documented the MRI revealed L4-S1 disc herniations. There was no Request for Authorization submitted for review. The original documentation requesting the surgical intervention was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 decompression and fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Patient Selection Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There was documentation of a failure of conservative care and documentation of ankle weakness. However, there was a lack of documentation of official results of imaging and electrophysiological evidence of a lesion to support the necessity for decompression. The fusion would be appropriate as the decompression would create iatrogenic instability. However, the surgical intervention was not found to be medically necessary and as such, the fusion would not be medically necessary. Given the above, the request for L4-S1 decompression and fusion is not medically necessary.