

Case Number:	CM14-0151720		
Date Assigned:	09/19/2014	Date of Injury:	03/27/2012
Decision Date:	11/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 45-year-old female who reported an injury on 03/27/2012. The mechanism of injury was not provided. On 05/29/2014, the injured worker presented with low back pain radiating to the left buttock, left posterior thigh, and left posterior calf. Examination of the lumbar spine noted tenderness upon palpation to the lumbar paraspinal muscles overlying to bilateral L3-S1 facet joints. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. There was 5/5 strength in all limbs, except for 4/5 strength in the left extensor hallucis longus, tibialis anterior, and peroneal longus. Diagnoses were left L5 radiculopathy with left lower extremity weakness, right lateral disc protrusion at L5-S1 measuring 4 mm touching the right L5 nerve root, left paracentral disc protrusion at L4-5 with annular disc tear displacing the left L5 nerve root with lateral recess stenosis, lumbar stenosis, lumbar sprain/strain, lumbar degenerative disc disease, and lumbar facet joint arthropathy. Prior therapies included medications. The provider recommended an anterior decompression and fusion at L4-5 and L5-S1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior decompression and fusion L4-5 and L5-S1, Qty: 1.00: Upheld

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

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

Decision rationale: The request for an anterior decompression and fusion from L4-5 and L5-S1 with a quantity of 1 is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. The medical records submitted for review do not show that the injured worker has any type of instability related to the lumbar spine. Additionally, there is no scientific evidence about long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. As such, medical necessity has not been established.