

Case Number:	CM14-0161862		
Date Assigned:	10/07/2014	Date of Injury:	09/19/2012
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/02/2014

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:

The claimant is a 30-year old male who sustained a vocational injury on 09/19/12. The office note dated 08/11/14 documented that the claimant had a history of low back pain and radicular pathic symptoms that have not improved despite conservative treatment which included Tramadol, Muscle Relaxers, Acupuncture, Pain Creams, Medications, Anti-Inflammatories, Narcotics, Formal Physical Therapy, and Injections. The office note documented that severe low back pain persisted with numbness and tingling in the lower extremities. Physical examination revealed a wide-based gait, the claimant could not heel or toe walk, and he was not able to squat. Range of motion was 34 degrees of forward flexion, 15 degrees of extension, bilateral/lateral flexion to 16 degrees, lateral rotation of the right 20 degrees, and at the left 21 degrees. There was tenderness and spasm in the lumbar spine with pain on extension of the lumbar spine. Strength of the lower extremities was full and normal, especially with extension of the great toe; extensor hallucis longus was noted to be 4/5 in quality bilaterally. The claimant had sensory loss over the dorsum of the foot bilaterally. Straight leg raise was positive at 98 degrees in a supine position. Range of motion of all joints was within normal limits. The reports of x-rays dated 01/27/14, showed no fractures or dislocations with scattered spurs throughout. The report of EMG/Nerve Conduction Study from 2/26/14 was an abnormal study consistent with mild right L5-S1 radiculopathy due to mild neurogenic changes seen in the L5 myotomes and L5 and S1 paraspinal muscles. There was no evidence of radiculopathy on the left. And there was no evidence of peripheral neuropathy. The report of an MRI of the lumbar spine dated 06/19/14, noted that the L5-S1 level canal was large. There was mild stenosis of the foramina. There was mild arthritis of the facets. Lateral recesses were patent. There was posterior annular fissure seen on L5-S1 to the right of mid-line. The claimant was diagnosed with multilevel degenerative disease, mild multilevel traction spur formation, posterior annular fissure at L5-S1 and no

evidence of stenosis, disc herniation or nerve root compression. The claimant's current working diagnosis is lumbar annular tear with disc herniation and lumbar radiculopathy on the right. The current request is for lumbar anterior and posterior decompression, discectomy, and fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar anterior and post decompression discectomy and fusion L5-S1: Upheld

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

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 chapter: Fusion (spinal)

Decision rationale: The California ACOEM Guidelines supported by the Official Disability Guidelines recommend that prior to considering surgery of fusion of lumbar spine there should be clear documentation of significant nerve root compromise along with instability. In addition, there should be clear clinical imaging and electrophysiologic evidence of lesion shown to benefit in both the short and long term from the surgical repair. Official Disability Guidelines also specifically note that prior to considering lumbar fusion in the Worker's Compensation setting, psychosocial screening should be performed in the pre-operative setting. The MRI from 6/19/14, failed to identify any pathology which may be amenable in both the short and long-term from surgical intervention, specifically at the level of L5-S1, and given the fact that there is no documented instability on plain radiographs and also noting there has been no psychosocial screening performed the proposed surgery cannot be recommended as medically necessary. Therefore, the request for the L5-S1 decompression and fusion cannot be considered medically necessary based on Official Disability Guidelines, California ACOEM Guidelines and the documentation presented for review.