

Case Number:	CM14-0094777		
Date Assigned:	09/22/2014	Date of Injury:	03/20/2013
Decision Date:	10/21/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 (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 51-year-old female with an 11/20/10 date of injury. At the time (5/22/14) of request for authorization for lumbar spinal fusion L4-L5, there is documentation of subjective (low back pain radiating to the left leg) and objective (tenderness to palpitation over the paraspinal musculature and diminished sensation over the left L5 dermatome) findings, imaging findings (Reported CT scan (unspecified date) revealed L4-5 stenosis with disc collapse; report not available for review), current diagnoses (L5 radiculopathy), and treatment to date (medications and Physical Therapy). There is no documentation of an imaging report in concordance between radicular findings on radiologic evaluation and physical exam findings and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar spinal fusion l4-l5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Low Back Procedure Summary last updated 05/12/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307. Decision based on Non-MTUS Citation 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 a diagnosis of L5 radiculopathy. In addition, given documentation of subjective (low back pain radiating to the left leg) and objective (diminished sensation over the left L5 dermatome) findings, there is documentation of lower leg symptoms in the distribution with accompanying objective signs of neural compromise. Furthermore, there is documentation of failure of conservative treatment. However, despite documentation of the medical reports' reported imaging findings (CT of the lumbar spine identifying L4-5 stenosis with disc collapse), there is no documentation of an imaging report in concordance between radicular findings on radiologic evaluation and physical exam findings. In addition, there is no documentation of an indication for fusion (instability OR a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for lumbar spinal fusion l4-l5 is not medically necessary.