

Case Number:	CM15-0119648		
Date Assigned:	06/30/2015	Date of Injury:	09/03/2013
Decision Date:	07/30/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 53 year old male who sustained an industrial injury on 09/03/2013 during an inmate altercation. The injured worker was diagnosed with right lateral epicondylitis and lumbosacral radiculopathy. The injured worker underwent right elbow lateral epicondylar release and right forearm fasciotomy on January 16, 2015 followed by post-operative physical therapy. Treatment to date has included diagnostic testing with electro diagnostic studies of the bilateral lower extremities on March 2, 2015, lumbar spine magnetic resonance imaging (MRI) on March 17, 2015, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience low back pain radiating to the left leg and some right leg pain. The injured worker reports elbow is slowly improving. Examination of the lumbar spine demonstrated loss of range of motion and spasm in the paravertebral muscles. The left L5 and right S1 dermatome noted dysesthesia. Reflexes of the left patella were diminished. Current medications are listed as Tylenol #3, Cymbalta, Gabapentin, Prilosec and Xanax. Treatment plan consists of lumbar x-rays with flexion/extension views and the current request for a transforaminal interbody fusion L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal interbody fusion L4-L5, L5-S1 qty 1: 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 rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Transforaminal interbody fusion L4-L5, L5-S1 qty 1 is / are not medically necessary and appropriate.