

Case Number:	CM13-0005261		
Date Assigned:	12/11/2013	Date of Injury:	03/20/2005
Decision Date:	01/22/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 49-year-old female who sustained a low back injury on 03/20/05. Clinical records for review include a 09/18/13 record of [REDACTED], which documented that the claimant presented with continued low back and left knee pain. Examination findings were of tenderness over the lumbar spine with restricted range of motion and it was noted that there were "no other significant findings on physical examination". A specific diagnosis pertaining to the lumbar spine was not documented. Medication management was prescribed. Further followup with [REDACTED] on 10/15/13 indicated a diagnosis of lumbar strain with bilateral lower extremity radiculitis, left greater than right. The record documented that the claimant was pending a psychiatric evaluation prior to proceeding with second opinion for spinal surgical consultation for a L5-S1 anterior lumbar fusion. Objective findings were of a positive straight leg raise test, diminished sensation in a S1 dermatomal distribution, and bilateral diminished deep tendon reflexes. Reports of clinical imaging were not available however the treating physician stated that a previous 2009 MRI showed a central protrusion at L5-S1 with 2005 electrodiagnostic studies noted to be "positive". There was also a reference made to a discogram from March 2011 that was positive at the L5-S1 level. Treatment as documented included medication management and a trial of a spinal cord stimulator in 2006 that was ultimately removed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One second opinion surgical consultation for consideration of lumbar spine surgery L5-S1 anterior lumbar interbody fusion: 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 based on Non-MTUS Citation Spinal fusion and ACOEM Chapter 7, Independent Medical Examinations and Consultations pg 127.

Decision rationale: CA MTUS ACOEM states "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work". Specifically with respect to fusion CA MTUS ACOEM states, "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". Based on California ACOEM Guidelines, there is not an apparent medical necessity for a surgical consultation for second opinion for consideration of a L5-S1 lumbar fusion. The clinical records lack documented evidence of instability at the L5-S1 level that would indicate the need for surgical indication. As such, the role of second opinion for this sole purpose of surgical consultation of the above would not be indicated. California MTUS ACOEM Guidelines would not indicate the role of spinal fusion in absence of significant spinal instability or trauma related spinal fracture.