

Case Number:	CM13-0009004		
Date Assigned:	06/06/2014	Date of Injury:	09/10/2012
Decision Date:	07/14/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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, has a subspecialty in Spine 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:

The injured worker is a 55-year-old male who reported an injury on 09/10/2012 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his low back. The injured worker underwent an MRI of the lumbar spine on 03/13/2013 that documented a broad-based disc bulge at the L5-S1, displacing the S1 nerve root within the right lateral recess and evidence of moderate bilateral foraminal stenosis. The injured worker's treatment history included physical therapy, medications, and an epidural steroid injection. The most recent clinical evaluation submitted for this review was dated 05/15/2013. It noted that the injured worker had continued low back pain radiating into the left lower extremity that was classified as severe. It was noted that the injured worker could be a candidate for an L5-S1 lamino-foraminotomy. Physical findings included limited range of motion secondary to pain with bilateral tenderness and spasming at the L3-5 paraspinous musculature with a positive left-sided straight leg raising test. It was documented that the injured worker had decreased sensation in the L5-S1 dermatomal distribution. The injured worker's diagnoses included thoracolumbar neuritis or radiculitis, lumbar strain, lumbar facet joint disease, lumbosacral degenerative disc disease, and muscle spasming. A request was made for anterior lumbar interbody fusion at the L5-S1 with PEEK cage infuse. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION L5-S1, PEEK CAGE INFUSE: Upheld
Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 179-180.

Decision rationale: The requested anterior lumbar inter-body fusion at the L5-S1, PEEK cage infuse is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention of the low back when there are severe disabling lower leg symptoms in dermatomal or myotomal distributions consistent with abnormalities identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide a recent assessment to support surgical intervention. The most recent clinical documentation submitted for this review was from 05/2013. This does not provide adequate support for the requested surgical intervention. As such, the requested anterior lumbar inter-body fusion at the L5-S1, PEEK cage infuse is not medically necessary.

TWO (2) DAY HOSPITALIATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CO-SURGEON: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LUMBAR BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.