

Case Number:	CM13-0019542		
Date Assigned:	10/11/2013	Date of Injury:	04/01/2009
Decision Date:	01/09/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

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 New York, New Hampshire and Washington. 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 patient is a 51 year old female with a date of incident of 4/1/2009. The mechanism is not documented. The patient has an MRi documenting an annular tear at L5-S1. There is a 3mm disc bulge at that level without any neurocompression. This is the most recent MRI on 5/1/2013. EMG/NCS testing noted tarsal tunnel bilaterally and right and left L4 and L5 radiculopathy and distal polyneuropathy. The patient has had persistent low back pain for 5 years. The patient is a former smoker for 20 years and has a history of depression. Conservative care to include ESI has been tried and failed. An exam noted 4/5 hip flexor, knee extensor, and extensor hallucis longus weakness. At issue is whether or not L5-S1 fusion ALIF surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient has L5-S1 lumbar disk degeneration without documented radiographic evidence of instability at any lumbar segment. He does not meet established criteria for lumbar fusion. There is EMG evidence of multiple diagnoses causing leg symptoms to

include polyneuropathy and tarsal tunnel condition. There is also no MRI evidence of significant neural compression in the lumbar spine. There is also no evidence of fracture, or concern for tumor. Lumbar fusion surgery is not more likely than conservative measures to relieve this patient's back pain. ALIF fusion surgery is not medically necessary and not supported in the current peer review literature. All associated measures with the surgery are not needed.

Inpatient stay, 2-3 days: 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.

Assistant 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.

Preop Clearance: 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.