

Case Number:	CM13-0024866		
Date Assigned:	11/20/2013	Date of Injury:	12/17/2009
Decision Date:	04/04/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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, 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 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:

The patient is a 37-year-old male who reported an injury on 12/17/2009. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbago and lumbar radiculopathy. The patient was seen by [REDACTED] on 09/13/2013. The patient reported constant lower back pain with left lower extremity symptoms. Physical examination was not provided on that date. Treatment recommendations included an L5-S1 fusion. The patient underwent a previous MRI of the lumbar spine on 07/01/2013, which indicated disc desiccation with minimal central disc protrusion at L4-5 without any neural compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT L4-5 ANTERIOR LUMBAR INTERBODY FUSION WITH 3 DAY LOS:
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.

Decision rationale: The ACOEM Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than one month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological

evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, there was no physical examination on the requesting date of 09/13/2013. The patient's MRI of the lumbar spine dated 07/01/2013 indicated no neural compression at L4-5. There is no documentation of an exhaustion of conservative treatment. There is no evidence of documented instability on flexion and extension view radiographs. Additionally, there is no psychological evaluation completed prior to the requested surgical intervention. Based on the clinical information received, the request for an inpatient L4-5 anterior lumbar interbody fusion with a 3 day length of stay is not medically necessary and appropriate.