

Case Number:	CM13-0042327		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2009
Decision Date:	05/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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, 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:

This is a 51-year-old gentleman who was injured in a work-related accident on 8/16/09 sustaining injury to the low back. The records fail to demonstrate imaging in regard to the claimant's low back. There is no documentation of orthopedic clinical records for review. A recent clinical follow up dated 10/18/13 with the claimant's internist, [REDACTED], diagnosed the claimant with "orthopedic injuries." Formal physical examination showed the claimant to be morbidly obese with neurologic examination failing to demonstrate motor, sensory, or reflexive changes. There was noted to be equal and symmetrical plantar reflexes. As stated, clinical imaging from an orthopedic perspective was unavailable for review. At present, based on failed conservative care, there is documented need for surgery to include an L4-5 and L5-S1 interbody fusion with a lateral interbody fusion at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTREME LATERAL INTERBODY FUSION AT L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Based on California ACOEM Guidelines, surgical fusion would not be indicated. The clinical records reviewed fail to demonstrate any degree of segmental instability or clinical imaging supportive of a radicular process at the L3-4, L4-5, or L5-S1 level to necessitate the acute need of a lumbar procedure. The specific clinical records available for review would not support the above-mentioned request.

**ANTERIOR LUMBAR INTERBODY FUSION (ALIF) AT L4-S1 AND L5-S1
FLUOROSCOPY, AUTOGRAFT AND ALLOGRAFT: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: Based on California ACOEM Guidelines, surgical fusion would not be indicated. The clinical records reviewed fail to demonstrate any degree of segmental instability or clinical imaging supportive of a radicular process at the L3-4, L4-5, or L5-S1 level to necessitate the acute need of a lumbar procedure. The specific clinical records available for review would not support the above-mentioned request.

"Associated surgical service"- FIVE DAY STAY: 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.