

Case Number:	CM13-0066852		
Date Assigned:	01/03/2014	Date of Injury:	10/28/2010
Decision Date:	05/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 62-year-old male who reported an injury on 10/28/2013 when he lifted a 30-pound box of chicken that reportedly caused an injury to his low back. The injured worker's treatment history includes provocative discography, lumbar medial branch blocks, and radiofrequency ablation. The injured worker underwent a provocative discography on 04/22/2013 that indicated concordant pain at the L4-5 and L5-S1 progressive degeneration when compared to the 02/2012 discography. The injured worker was evaluated in 04/2013. A recommendation was made for lumbar fusion. The injured worker was evaluated on 10/30/2013. It was documented that the injured worker had limited lumbar range of motion with a positive left-sided straight leg raising test. The injured worker's diagnoses included an L4-5 and L5-S1 Final Determination Letter for IMR Case Number CM13-0066852 3 spondylosis with discogenic low back pain. An L4 to S1 anterior lumbar interbody fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 ANTERIOR LUMBAR INTERBODY FUSION: 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 Page(s): 307.

Decision rationale: The requested L4 through the S1 anterior lumbar interbody fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends anterior lumbar interbody fusion for injured workers who have evidence of instability or vertebral trauma when the injured worker has been appropriately evaluated and determined psychologically that they are a candidate for fusion surgery. The clinical documentation submitted for review does not provide a psychological assessment of the injured worker's appropriateness to this intense surgical intervention. Additionally, there is no documentation of spinal instability that would require an anterior lumbar interbody fusion. Although the requested levels are the injured worker's pain generators, there is no documentation of previous surgical interventions that would provide spinal instability. As such, the requested L4 through S1 anterior lumbar interbody fusion is not medically necessary or appropriate.

ASSISTANT SURGEON: 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 Page(s): 307.

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

3 DAY INPATIENT STAY: 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 Page(s): 307.

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