

Case Number:	CM14-0108100		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2012
Decision Date:	09/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Spine Surgery and is licensed to practice in Texas. 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 28-year-old male who reported injury on 12/17/2012. The mechanism of injury was the injured worker and other coworkers were carrying 150 pound bags of weeds up a hill and the injured worker noted low back pain. The prior treatments included physical therapy, medications and chiropractic treatment. The documentation indicated the injured worker had a lumbar MRI. The disc pathology was seen at L4-5 and L5-S1 on sagittal views. There was decreased disc height and disc desiccation at L4-5 and L5-S1 with disc herniation at those levels. The axial views revealed foraminal stenosis bilaterally at those 2 levels. There was noted to be a neurosurgical consultation report on 05/21/2014. The documentation was of poor fax quality and it was illegible. However, the treatment plan was noted to include a lumbar interbody fusion with posterior instrumentation. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion with posterior instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, as well as electrophysiologic evidence. There should be documentation of a failure of conservative treatment to resolve radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for any treatment of acute low back pain in the absence of spinal fracture, dislocation or spondylolisthesis, if there is an instability and motion in the segment operated on. The clinical documentation submitted for review was of poor fax quality and illegible. There was no MRI submitted for review. There were no x-rays submitted for review to indicate the injured worker had findings of instability on flexion and extension. The request, as submitted, failed to indicate the level to be treated. Given the above, the request for anterior lumbar interbody fusion with posterior instrumentation is not medically necessary.