

Case Number:	CM14-0111895		
Date Assigned:	08/01/2014	Date of Injury:	12/02/2005
Decision Date:	11/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 66 year old female who was injured on 12/02/2006. The mechanism of injury is unknown. Progress report dated 06/03/2014 indicates the patient presented with complaints of constant severe back pain. She rated her pain as a 9/10. She reported her pain radiates into her buttock and leg. Objective findings on exam revealed tenderness to palpation at L4-L5, left sciatic notch. Range of motion is limited in flexion. Motor strength is 5/5 on the left EHL strength. She has decreased sensation of left lower extremity. Reflexes are absent bilaterally in lower extremities. Straight leg raise is positive left side. The patient is diagnosed with lumbar radiculopathy and low back pain. She has been recommended for L5-S1 ALIF (anterior lumbar interbody fusion) as all conservative measures have been exhausted. Prior utilization review dated 06/13/2014 states the request for L5-S1 ALIF is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior Lumbar Interbody Fusion (ALIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Fusion Page(s): 307.

Decision rationale: According To MTUS; Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the non fusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation). There is no documentation failure of conservative treatment therefore the medical necessity has not been established.