

Case Number:	CM14-0117443		
Date Assigned:	08/06/2014	Date of Injury:	04/30/2013
Decision Date:	09/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/26/2014

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 Neurological 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 records presented for review indicate that this female was reportedly injured on 5/10/2013. The mechanism of injury is undisclosed. The most recent progress note, dated 6/17/2014, indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The last documented physical examination was performed on 2/14/2014 which states mildly positive straight leg raise on the left in a sitting position. There is mention of an MRI of the lumbar spine dated 3/3/2014 which reveals degenerative disc joint disease process of the L5 to S1. Previous treatment includes lumbar epidural steroid injections, physical therapy, and medications. A request was made for Anterior lumbar inter-body fusion and discectomy and posterior instrumentation and fusion L5 to S1 with allograft and was not certified in the preauthorization process on 7/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion and discectomy and posterior instrumentation and fusion L5-S1 with allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 06/10/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints.. The Expert Reviewer's decision rationale: American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor or infection. Review of the available medical records document a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. Given the lack of documentation, this request is considered not medically necessary.