

Case Number:	CM14-0124434		
Date Assigned:	08/08/2014	Date of Injury:	07/11/2013
Decision Date:	09/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/06/2014

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 38-year-old female who reported an injury on 07/11/2013. She twisted her lower back while attempting to lift a 45-pound box onto a shelf. The current diagnosis is lumbar disc disease with radiculopathy at L5-S1. The injured worker was evaluated on 05/06/2014 for a second opinion with complaints of constant lower back pain with left lower extremity radiculopathy. She has been previously treated with acupuncture, chiropractic treatment, physical therapy, epidural injections, and pain medication. Physical examination revealed midline tenderness at the lumbosacral junction, paraspinous tenderness without spasm, limited forward flexion, 10-degree extension, 25-degree left and right lateral rotation, negative straight leg raising, normal motor strength throughout the lower extremities, intact sensation, and symmetric deep tendon reflexes. Treatment recommendations at that time included an anterior lumbar inter body fusion at the L5-S1 level. It was noted that a previous MRI on an unknown date indicated a 50% or greater decreased disc height at L5-S1; however, the imaging study was not provided for this review. There was no Request for Authorization form submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION (ALIF) L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electro physiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented spinal instability, spine pathology that is limited to 2 levels, and a psychosocial screening. Per the documentation submitted, the injured worker has exhausted conservative treatments. There were no imaging studies provided for this review and no evidence of spinal instability upon flexion/extension view radiographs. There is also no documentation of a psychosocial screening prior to the request for a lumbar inter body fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.