

Case Number:	CM14-0127926		
Date Assigned:	09/23/2014	Date of Injury:	08/05/2002
Decision Date:	12/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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 New York. 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 55-year-old female with date of injury of August 15, 2002. The patient has chronic low back pain. MRI lumbar spine from 2013 shows postsurgical changes consistent with bony fusion at L4-5 and L5-S1. There is some neuroforaminal stenosis at L5-S1. The patient has chronic low back pain and left leg pain. On physical examination, she has an antalgic gait. Motor exam shows weakness in the extensor hallucis longus (EHL) and ankle dorsiflexion. Sensory exam shows decreased sensation of her left foot. Reflexes are absent in the ankle. Patient has had injection therapy. Patient is diagnosed with L5-S1 pseudoarthrosis. At issue is whether anterior lumbar interbody fusion is medically necessary.

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 & intraoperative neurophysiology testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pre-Operative surgical indications

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-322.

Decision rationale: This patient does not meet establish criteria for anterior lumbar fusion surgery. Specifically the medical records do not clearly establish a diagnosis of pseudoarthrosis.

There is no evidence of the CAT scan showing failure fusion. There is no evidence of abnormal motion on flexion-extension views. The medical records do not clearly documented instability. In addition, there no red flag indicators for spinal fusion surgery such as fracture or tumor. Since the diagnosis of pseudoarthrosis is not clearly establish the medical records, the criteria for spinal fusion have not been met. The request is not medically necessary.

Three (3) night hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pre-operative surgical indications

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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