

Case Number:	CM14-0142412		
Date Assigned:	09/10/2014	Date of Injury:	03/05/2011
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Spine Fellowship Trained 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:

According to the records made available for review, this is a 49-year-old male with a 3/5/11 date of injury. At the time (8/25/14) of request for authorization for anterior lumbar interbody fusion L5-S1 on behalf of Orthopedic Surgeon report June 27, 2014, there is documentation of subjective (lower back pain radiating posteriorly to both thighs with numbness in the right second toe, pain in the left posterior hip and numbness in the left great to) and objective (negative straight leg raise, neurologic intact; 4/5 muscle strength right foot dorsiflexion) findings, imaging findings (reported lumbar spine MRI (4/13/11) revealed L5-S1 3-4 mm broad-based centrally oriented subligamentous disc protrusion, underlying disc degeneration, small annular tear, borderline spinal canal narrowing with potential for bilateral S1 nerve root irritation, mild proximal bilateral neural foraminal stenosis; report not available for review), current diagnoses (L5-S1 annular tear, disc degeneration, and annular bulge), and treatment to date (medications and activity modification). 3/18/14 medical report identifies x-rays of the lumbar spine revealed very small endplate osteophytes at L4-5, no evidence of instability. There is no documentation of an imaging report in concordance between radicular findings on radiologic evaluation and an indication for fusion (instability OR a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy and Fusion

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an indication for fusion (instability or a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of L5-S1 annular tear, disc degeneration, and annular bulge. In addition, there is documentation of symptoms/findings (pain and numbness in a nerve root distribution) which confirm presence of radiculopathy, objective findings (motor changes), and failure of conservative treatment. However, despite the medical reports' reported imaging findings (MRI lumbar spine identifying borderline spinal canal narrowing with potential for bilateral S1 nerve root irritation), there is no documentation of an imaging report in concordance between radicular findings on radiologic evaluation. In addition, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for anterior lumbar interbody fusion L5-S1 is not medically necessary.