MAXIMUS Federal Services

Case Number:	CM14-0150429		
Date Assigned:	09/18/2014	Date of Injury:	11/20/2006
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 claimant is a 40-year-old female who was while lifting a box at work when she felt a pop in her low back followed by pain on November 20, 2006. The medical records provided for review included the clinical assessment of August 6, 2014, noting severe low back pain radiating to the right lower extremity with a burning sensation. Physical examination showed restricted lumbar range of motion, positive right straight leg raising, 5/5 full motor strength of the lower extremities, equal and symmetrical reflexes, no sensory change, and spasm of the paralumbar musculature. The report documented that the claimant had failed conservative treatment of physical therapy, medication management and work restrictions. The report of the recent MRI scan of June 12, 2014, identified multilevel disc bulging most pronounced at the L4-L5 level with associated mild spinal canal narrowing. The treating physician recommended an anterior interbody fusion at the L4-L5 level and documented that the January 2012 plain film radiographs show evidence of spondylolisthesis of L4 on L5 with segmental instability of L4 relative to L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856)

Decision rationale: The request for an anterior lumbar interbody with Infix at L4-5 is not recommended as medically necessary. Therefore, the request for an assistant surgeon is also not recommended as medically necessary.

IN-PATIENT STAY 3-4 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: low back procedure - ODG hospital length of stay (LOS) guidelines: lumbar fusion, anterior

Decision rationale: The request for an anterior lumbar interbody with Infix at L4-5 is not recommended as medically necessary. Therefore, the request for an inpatient length of stay for three to four days is also not medically necessary.

ANTERIOR LUMBAR INTERBODY FUSION WITH INFIX AT L4-L5: 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): 307.

Decision rationale: Based on California ACOEM Guidelines, the request for an anterior lumbar interbody with Infix at L4-5 is not recommended as medically necessary. The medical records document that the claimant continues to have low back and lower extremity complaints, but there is no documentation of physical examination findings correlating with a radicular process at the L4-L5 level. There is documentation that the claimant has evidence of segmental instability of a degenerative fashion based on radiographs of 2012, but that documentation is not included in the medical records to confirm the diagnosis of instability. There are no objective findings on examination to correlate with compressive pathology at the L4-L5 level. The ACOEM Guidelines support the role of fusion in the setting of segmental instability if there is clinical correlation between the requested level of surgery and claimant's imaging and physical examination findings. That information is not present in the medical records and therefore, the proposed surgery is not medically necessary.