

Case Number:	CM14-0151861		
Date Assigned:	09/22/2014	Date of Injury:	02/08/2010
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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:

According to the records made available for review, this is a 52-year-old female with a 2/8/10 date of injury. At the time (8/27/14) of request for authorization for Inpatient two level anterior lumbar interbody fusion at L4-L5 and L5-S1 levels, there is documentation of subjective (low back pain with numbness radiating to left leg and foot) and objective (absence of sensation in the fourth and fifth toes on the left side with some numbness on the lateral aspect of the foot and in the S1 distribution, absent left knee and ankle jerks, and 4/5 strength of foot dorsiflexion and great toe dorsiflexion) findings, imaging findings (MRI of the lumbar spine (6/17/14) report revealed grade 1 (5.0 mm) spondylolisthesis at L5-S1 and mild degenerative changes at L4-L5 and L5-S1), current diagnoses (L4-L5 and L5-S1 lumbar degeneration), and treatment to date (medications). There is no documentation of abnormalities on imaging studies (radiculopathy) and an indication for fusion (instability or a statement that decompression will create surgically induced instability) for L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient two level anterior lumbar interbody fusion at L4-L5 and L5-S1 levels: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Discectomy/laminectomy and Fusion (spinal)

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 which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies documentation of spinal instability (lumbar inter-segmental movement of more than 4.5 mm) as criteria necessary to support the medical necessity of fusion. Within the medical information available for review, there is documentation of a diagnosis of L4-L5 and L5-S1 lumbar degeneration. In addition, there is documentation of a failure of conservative treatment (medications), severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise. However, despite documentation of imaging finding of grade 1 (5.0 mm) spondylolisthesis at L5-S1, and given imaging finding of mild degenerative changes at L4-L5, there is no documentation of abnormalities on imaging studies (radiculopathy) and an indication for fusion (instability or a statement that decompression will create surgically induced instability) for L4-L5. Therefore, based on guidelines and a review of the evidence, the request for Inpatient two level anterior lumbar interbody fusion at L4-L5 and L5-S1 levels is not medically necessary.