

Case Number:	CM14-0175416		
Date Assigned:	10/28/2014	Date of Injury:	03/26/2011
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 patient is 51-year-old female with a 03/26/11 date of injury due to a fall. 10/01/14 progress report states complaints of burning sensation in the cervical spine, pain is worse with activity with radiation down the left arm at 4-5/10. Sharp pain in lumbar spine at 6-10/10, worsening with activity. Numbness and tingling down her right. Objectively, lumbar spine has normal alignment, patient complains of pain at L3-S1 and bilateral posterior-superior iliac spine. Patient reports loss of lordosis in cervical spine with complaints of pain at C5, C6, C7 and bilateral trapezius. Forward flexion Chin to chest, 45, 30/30, 30/30. Diagnoses: Multi disk bulge, lumbar spine. Disk bulge, cervical spine. Treatment plan state the prospective surgery was discussed with the patient and states intentions of obtaining psychiatric evaluation due to depression anxiety. Patient was prescribed Norco 5-325 mg #90. MRI of lumbar spine dated 03/26/14 reveals L5-S1 disk degeneration and Modic type I through vascular marrow change, 8mm posterior right paramedian protrusion/extrusion with moderate to severe left lateral recess encroachment abutting and displacing the left S1 nerve. In addition, at L4-5 there is a 3-mm posterior leftward protrusion with an annular tear with mild to moderate left lateral recess encroachment. Central canal is mildly reduced. At L3-4 there is a 2-3 mm left foraminal protrusion with prominent annular tear, mild left neural foraminal stenosis and slight left greater than right Central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALIF L5-S1 with Vascular Surgeon Consult for Anterior Approach and Pre-Op Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter ODG states that, until further research is conducted there remains insufficient evidence to recommend fusion for chronic low back pain in the absence of stenosis and spondylolisthesis, and this treatment for this condition remains "under study." It appears that workers' compensation populations require particular scrutiny when being considered for fusion for chronic low back pain, as there is evidence of p

Decision rationale: The guideline criteria for lumbar fusion are not met. The medical recommendation does not include radiographic evidence of spinal instability. There are no current objective findings of physical examination, describing the patient's radicular/neurological symptoms, providing a detailed description of range of motion and pain levels. Objective Findings sections of the recent progress reports also describe patient's complaints and convey patient's statements, instead of describing objectively observable symptoms and physical parameters. In the absence of evidence, essential for certification of the requested fusion procedure, the medical necessity cannot be established. Therefore, the request is not medically necessary.