

Case Number:	CM14-0184475		
Date Assigned:	11/12/2014	Date of Injury:	07/11/2013
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 39-year-old female with a 7/11/13 date of injury. At the time (10/21/14) of Decision for ALIF L5-S1, there is documentation of subjective (severe low back pain radiating to the buttocks and lower extremities) and objective (decreased range of motion and diffuse tenderness over the lumbar spine) findings, imaging findings (Reported MRI of the Lumbar spine (9/4/13) revealed some disc desiccation at L5-S1 with a 2mm retrolisthesis and 2- to 3-mm disc bulge and annulus with a central annular tear; at L4-L5, there is some disc desiccation, a 3-mm disc bulge with right paramedian annular fissure, there is no central or significant foraminal stenosis; report not available for review), current diagnoses (lumbago, displacement lumbar intervertebral disc without myelopathy, and degenerative lumbar/lumbosacral intervertebral disc), and treatment to date (acupuncture and medications). There is no documentation of objective findings which confirm presence of radiculopathy; an imaging report with findings in concordance between radicular findings on radiologic evaluation and physical exam findings; 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:

ALIF L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation
OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation 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. Within the medical information available for review, there is documentation of diagnoses of lumbago, displacement lumbar intervertebral disc without myelopathy, and degenerative lumbar/lumbosacral intervertebral disc. In addition, given documentation of subjective (severe low back pain radiating to the buttocks and lower extremities), there is documentation of lower leg symptoms which confirms presence of radiculopathy. Furthermore, there is documentation of failure of conservative treatment. However, despite non-specific documentation of objective (decreased range of motion and diffuse tenderness over the lumbar spine) findings, there is no specific (to a nerve root distribution) documentation of objective findings which confirm presence of radiculopathy. In addition, despite documentation of medical reports' reported imaging findings (MRI of lumbar spine identifying some disc desiccation at L5-S1 with a 2mm retrolisthesis and 2- to 3-mm disc bulge and annulus with a central annular tear; at L4-L5, there is some disc desiccation, a 3-mm disc bulge with right paramedian annular fissure, there is no central or significant foraminal stenosis), there is no documentation of an imaging report with findings in concordance between radicular findings on radiologic evaluation and physical exam findings. Furthermore, 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 ALIF L5-S1 is not medically necessary.