

Case Number:	CM14-0026014		
Date Assigned:	06/13/2014	Date of Injury:	09/07/2012
Decision Date:	12/08/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 51-year-old male with a 9/7/12 date of injury. At the time (2/24/14) of the Decision for anterior lumbar interbody fusion at levels of L4-L5 and L5-S1 and 3 days inpatient stay, there is documentation of subjective (pain radiating down the legs greater on the right side) and objective (moderately distal lumbar pain worst with flexion and extension, range of motion is about half of normal, dysesthesias bilaterally that are much more subjectively prominent in the right L5 and S1 distribution, weakness of the right dorsiflexor and extensor hallucis longus graded 4/5) findings, imaging findings (2/24/14 Decision's reported imaging findings include moderate right and mild to moderate left neural foraminal narrowing at L4-5 and moderate bilateral neural foramen narrowing at L5-S1 (imaging report not available for review)), current diagnoses (lumbar sprain and strain, spinal stenosis lumbar region without neurogenic claudication, and sprain and strain of unspecified site of hip and thigh), and treatment to date (physical therapy, chiropractic treatment, acupuncture, medications, epidural steroid injections, and TENS unit). There is no documentation of imaging studies 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 at levels of L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Non-MTUS 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. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and strain, spinal stenosis lumbar region without neurogenic claudication, and sprain and strain of unspecified site of hip and thigh. In addition, given documentation of subjective (pain radiating down the legs greater on the right side) and objective (dysesthesias bilaterally that are much more subjectively prominent in the right L5 and S1 distribution, weakness of the right dorsiflexor and extensor hallucis longus graded 4/5) findings and treatment to date (physical therapy, chiropractic treatment, acupuncture, medications, epidural steroid injections, and TENS unit), there is documentation of severe and disabling lower leg symptoms, accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment. However, despite the 2/24/14 Decision's reported imaging findings (moderate right and mild to moderate left neural foraminal narrowing at L4-5 and moderate bilateral neural foramen narrowing at L5-S1), there is no documentation of an imaging report. 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 at levels of L4-L5 and L5-S1 is not medically necessary.

3 DAYS INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

