MAXIMUS Federal Services

Case Number:	CM14-0029850		
Date Assigned:	06/20/2014	Date of Injury:	03/13/2013
Decision Date:	07/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 injured worker is a 36-year-old female who was reportedly injured on March 13, 2013. The mechanism of injury is noted as being hit by a motor vehicle when walking across the street. The most recent progress note dated February 14, 2014, indicated that there were ongoing complaints of back pain radiating to the legs. The progress note on this date stated that the injured employee had difficulty performing activities of daily living and unable to continue work related activity. It was also stated that they have failed conservative treatment including physical therapy, aquatic therapy, acupuncture and 2 epidural steroid injections. Current medications were stated to include Norflex and topical creams. The physical examination demonstrated significant guarding of the lumbar spine with limited range of motion and tenderness at the lumbosacral junction. Lower extremity muscle strength was 5/5. There was a normal lower extremity neurological examination. Diagnostic imaging studies objectified a disc herniation at L4-L5 with thickening of the ligamentum flavum and facet hypertrophy. A lumbar spine x-ray demonstrated instability on flexion and extension views. An anterior lumbar interbody fusion at L4-L5 was recommended. A request had been made for a lumbar spine interbody fusion and was not certified in the pre-authorization process on January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 4-5 Anterior Lumbar Interbody Fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Web Based Version, Low Back Complaints, Spinal Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (Updated July 3, 2014), Fusion.

Decision rationale: According to the medical records provided, the injured employee has failed to improve with conservative treatment methods to include physical therapy, aquatic therapy, acupuncture and two epidural steroid injections as well as oral medications. It is recommended if segmental instability is demonstrated and if there is a primary mechanical back pain/functional spinal unit failure/instability including one or two level segmental failure with progressive degenerative changes, loss of height and disc loading capability. The injured employee has instability demonstrated on radiographic flexion/extension views as well as a disc failure at the L4-L5 level. This request for an L4-L5 anterior lumbar interbody fusion is medically necessary.