

Case Number:	CM14-0034371		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2008
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/19/2014

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 injured worker is a 52-year-old male who reported an injury on 04/16/2008 due to lifting a heavy object which reportedly caused injury to his cervical and lumbar spine. The injured worker's treatment history included physical therapy and epidural steroid injections. The injured worker was evaluated on 01/28/2014. It was noted that the injured worker had lost approximately 100 pounds, however continued to have worsening low back pain. An anterior lumbar interbody fusion at the L5-S1 was recommended. The injured worker was evaluated on 01/10/2014. It was documented that the patient had 6/10 pain of the low back. Physical findings included 5/5 motor strength in the bilateral lower extremities and 2+ reflexes of the bilateral Achilles tendons. The injured worker had increased pain with range of motion and a positive straight leg raising test to the right. The injured worker's diagnoses included low back pain, lumbosacral spondylosis without myelopathy, myofascial pain, and lumbar or thoracic radiculitis. A request was made for anterior/posterior fusion at the L5-S1 with an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/posterior Lumbar Fusion at L5/S1 with assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fusion Spinal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 306.

Decision rationale: The requested anterior/posterior lumbar fusion at the L5-S1 with assistant surgeon is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for the low back for patients with severe disabling lower extremity pain that has failed to respond to conservative treatment supported by imaging and electrodiagnostic studies. The clinical documentation submitted for review does not provide an independent evaluation of electrodiagnostic studies or an imaging study. As such, the requested anterior/posterior lumbar fusion at the L5-S1 with assistant surgeon is not medically necessary or appropriate.