

Case Number:	CM14-0037008		
Date Assigned:	06/25/2014	Date of Injury:	05/04/2013
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 53-year-old female who sustained an injury on 05/04/13. No specific mechanism of injury was noted. The injured worker had been followed for complaints of low back pain radiating to the lower extremities, right side worse than left. Prior treatment did include 1 lumbar epidural steroid injection at L5-S1 performed on 01/27/14. Medications had included the use of Norco for pain. There was no specific documentation regarding prior physical therapy. The injured worker's imaging was reported to show a grade 1 spondylolisthesis at L5-S1 and electrodiagnostic studies were reported to show evidence of an acute L5-S1 radiculopathy. However, no imaging or electrodiagnostic study reports were available for review. The injured worker was seen on 02/18/14 for an orthopedic follow up. The injured worker reported worsening symptoms in the low back radiating to the lower extremities. The symptoms impacted the injured worker's ability to perform normal activities of daily living. Physical examination noted mild weakness at the extensor hallucis longus bilaterally. Reflexes were trace to absent in the right Achilles and patella. Due to the ineffectiveness of epidural steroid injections, the injured worker was recommended for an anterior lumbar interbody fusion at L5-S1 followed by posterolateral spinal fusion. The requested anterior lumbar interbody fusion at L5-S1 was denied by utilization review on 03/06/14.

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 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The clinical documentation submitted for review did not contain any imaging or other diagnostic testing establishing the presence of motion segment instability, severe spondylolisthesis, or complete collapse of the disc space at L5-S1 that would have reasonably warranted surgical intervention. Although the patient's physical examination findings did note altered reflexes in the right lower extremity as well as weakness at the extensor hallucis longus, this could not be correlated with any imaging studies that were not provided for review. The clinical documentation also did not have any specific discussion regarding other conservative treatment such as physical therapy. There was also no preoperative psychological consult ruling out any confounding issues that could possibly impact postoperative recovery as recommended by guidelines. In regards to the request for an anterior lumbar interbody fusion at L5-S1, this request is not medically necessary.