MAXIMUS Federal Services

Case Number:	CM14-0038708		
Date Assigned:	06/27/2014	Date of Injury:	12/08/1999
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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:

The injured worker is a 52-year-old female who reported an injury on 12/08/1999 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's extensive treatment history included medications, physical therapy, chiropractic care, massage therapy, acupuncture, injections and an L4-5 discectomy in 12/2000. The injured worker's diagnoses included lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, obesity, depressive disorder and chronic pain syndrome as well as osteoarthritis, myalgia and myositis, sleep disturbance and long-term use of medications. The injured worker was evaluated on 03/21/2014. Physical findings included a baseline level of function without any evidence of gross deficiencies or neurological alterations. A request was made for an anterior lumbar fusion at the L4-S1 level; however, no justification for the request was provided. It appears that the clinical documentation submitted for review evaluates the injured worker's psychological history and treatment as well as medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Fusion at L4-S1 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested anterior lumbar fusion at the L4-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a fusion surgery for injured workers who have severe, disabling symptoms in distributions consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has had multiple modalities of conservative treatment. However, the clinical documentation does not provide an imaging study to support pathology that would require a fusion surgery. Additionally, there is no documentation of instability that would benefit from a multilevel fusion. The clinical documentation fails to provide a psychological evaluation that identifies the injured worker's appropriateness for a multilevel fusion surgery. As such, the requested anterior lumbar fusion from L4-S1 is not medically necessary.

Hospital Stay for 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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.