

Case Number:	CM14-0062722		
Date Assigned:	07/11/2014	Date of Injury:	06/01/2009
Decision Date:	08/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/05/2014

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 Spine Surgeon, and is licensed to practice in Texas. 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 06/01/2009. The mechanism of injury was cumulative trauma. Prior treatments included physical therapy and surgical intervention. The injured worker underwent an MRI of the lumbar spine on 02/28/2013 which revealed at the level of L4-5 there was a 2 mm broad based disc protrusion and the spinal canal remained within normal limits. There was disc desiccation. At the level of L5-S1, there was a 2.5 mm broad based disc bulging and there was no evidence of spinal canal or neural foraminal stenosis. The documentation of 03/03/2014 revealed the injured worker wanted lumbar spine surgery because her neck felt better after she had surgery. The injured worker had a positive straight leg raise on the right with pain to bilateral feet. On the left, the injured worker had a straight leg raise at 50 degrees with pain to the calf. The injured worker had deep tendon reflexes of bilateral S1 of 1+. The injured worker had EHL and focal eversion on the right with strength of 4/5. The diagnoses included other cervical fusion and technique, internal derangement of the knee, displacement of the lumbar disc without myelopathy, and anxiety states. The documentation indicated the surgeon was recommending at L4-5 and L5-S1 anterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4-5, L5-S1: Upheld

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

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

Decision rationale: The CA MTUS/ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both short and long-term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, they do not support a spinal fusion alone as there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back pain in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to provide documentation the injured worker had spondylolisthesis, spinal fracture, or dislocation. There was documentation of electrophysiological evidence and MRI evidence of a lesion. Given the above, the request for anterior lumbar interbody fusion L4-5, L5-S1 is not medically necessary.