

Case Number:	CM14-0129219		
Date Assigned:	08/18/2014	Date of Injury:	01/14/2006
Decision Date:	01/05/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 53-year-old male who reported an injury on 01/14/2006. The mechanism of injury was not provided. On 02/10/2014, the patient presented for an MRI of the lumbar spine without contrast. The MRI revealed at L5-S1, a minimal annular bulge to the left posterolateral extrusion that was mildly involuted. There is still abutment of the S1 nerve roots, with no evidence of root mass effect or focal impingement. The L4-5 revealed minimal central extrusion with focal annular tearing. An abutment of the lateral recess over roots were demonstrated. On 06/16/2014, the patient presented with ongoing back pain that radiates more to the right leg than the left. Upon examination of the low back, there was limited range of motion. Motor strength, sensation, and deep tendon reflexes were grossly intact in the lower extremities. The patient can ambulate on his toes and heels. There were no diagnoses provided. The provider recommended an L4-5 and L5-S1 anterior lumbar interbody fusion with anterior instrumentation, a posterior augmentation, an assistant surgeon, and a bone stimulator. The Request for Authorization form was dated 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4/5, L5/S1 anterior lumbar interbody and fusion anterior instrumentation Qty:1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (12th Web Edition); Low back 2014 Fusion.

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

Decision rationale: The request for an L4-5 and L5-S1 anterior lumbar interbody and fusion anterior instrumentation is not medically necessary. The California MTUS state that a spinal fusion is not recommended except in cases of trauma, related spinal fracture, or dislocation. Fusion of the spine is not usually considered for the first 3 months of symptoms. Injured workers with increased spinal instability after surgical decompression of the level of degenerative spondylolisthesis may be a candidate for fusion. There is no scientific evidence of long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylolisthesis compared with natural history, placebo, or conservative treatment. There is no information on previous courses of conservative treatment that the injured worker underwent and the efficacy of those treatments. There is no instability noted upon physical examination, no evidence of activity limitations, progressing lower leg symptoms, or objective signs of neural compromise noted. As such, medical necessity has not been established.

Surgical Service with Posterior augmentation Qty1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (12th Web Edition); Low back 2014 Fusion.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant surgeon QTY: 1.00: 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): 307.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Bone stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.