

Case Number:	CM14-0208151		
Date Assigned:	12/22/2014	Date of Injury:	09/09/2010
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas
Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old male who reported an injury on 09/09/2010. The mechanism of injury was not provided. On 08/21/2014, the injured worker presented with low back pain and right hand numbness. The injured worker was noted to have improvement in the low back with therapy, but symptoms returned after therapy was completed. Diagnoses were low back syndrome, possible facet syndrome, and numbness in the right hand rule out peripheral neuropathy. Upon examination, the injured worker had a normal bilateral neurological examination. The injured worker stood erect with no sagittal or coronal plane deformity. There was tenderness to palpation at the lumbosacral junction. There were no spasms palpable. The provider recommended a spinal anterior lumbar decompression and fusion at the L4 to "L6". The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical-Spinal Anterior Lumbar Decompression and Fusion L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Lumbar Surgical Consultation/Intervention

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

Decision rationale: The request for surgical-spinal anterior lumbar decompression and fusion L4-L6 is not medically necessary. The California MTUS/ACOEM Guidelines state that except in cases of trauma, spinal related fracture, or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. The clinical documentation submitted for review noted subjective findings of low back pain with right leg pain and numbness. However, there is no documentation of radicular findings to the requested nerve root distribution. Additionally, there is no evidence of positive imaging studies to support intervention. There is also a lack of documentation of failure to respond to conservative treatment to include activity modification, medications, and physical therapy. As such, this request is not medically necessary.