

Case Number:	CM15-0005397		
Date Assigned:	01/16/2015	Date of Injury:	02/07/2012
Decision Date:	04/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/10/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 41-year-old male who reported an injury on 02/07/2012. The mechanism of injury involved heavy lifting. The current diagnosis is L5-S1 spondylosis. The injured worker presented on 10/14/2014. Upon examination, there was 45 degree flexion, 20 degree extension, 30 degree lateral bending, positive straight leg raise bilaterally, and intact sensation with normal motor strength. Deep tendon reflexes were absent. Recommendations included an anterior lumbar interbody fusion. A Request for Authorization form was then submitted on 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, it was noted that the injured worker had been previously treated with physical therapy, medications, and chiropractic therapy. However, there was no evidence of spinal instability upon flexion and extension view radiographs. There was no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. The request as submitted failed to indicate the specific levels at which the interbody fusion will take place. Given the above, the request is not medically appropriate at this time.