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| Case Number: | CM15-0009628 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 07/27/2003 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: 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 66-year-old male who reported an injury on 07/27/2003 due to an unspecified mechanism of injury. On 12/16/2014, he presented for a followup evaluation regarding his low back pain with radiation into the right lower extremity. He reported that his symptoms were worse and that a separate physician recommended a lumbar spine surgery. A physical examination showed that he walked with an antalgic gait and had a positive straight leg raise. He was diagnosed with status post lumbar fusion with right lower extremity radiculopathy. It should be noted that the document provided was handwritten and illegible. An MRI of the lumbar spine dated 11/19/2014 showed a left laminotomy change at the L4-5 and L5-S1 with interbody fusion change; and posterior spinal instrumentation and fusion change at multiple levels; degenerative change within the disc bulge measuring 2 mm at L1-2 with mild dural compression; degenerative facet prominence with mild right neural foraminal stenosis at the L3-4; bilateral facet prominence with mild bilateral neural foraminal stenosis at the L4-5, and disc osteophyte complex measuring 3 mm and bilateral facet prominence at the L5-S1, causing mild left neural foraminal stenosis. The treatment plan was for anterior lumbar interbody fusion at the L5-S1 and revision of posterior instrumentation at the L3-5 and S1. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L5-S1 and revision of posterior instrumentation L3-5 and ext to S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for Lumbar Spinal Fusion; Adjacent segment disease/degeneration (fusion).

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

Decision rationale: The California ACOEM Guidelines indicate that a referral for a surgical consultation may be indicated for those who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies; activity limitations due to radiating leg pain for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The documentation provided does not show that the injured worker had tried and failed all recommended therapy options to support the request. Also, there is a lack of documentation showing any significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Furthermore, no electrodiagnostic studies were provided for review to validate that the injured worker consistently has the same lesions shown by clinical examination and electrodiagnostic studies. Therefore, the request is not supported. As such, the request is not medically necessary.