

Case Number:	CM14-0180073		
Date Assigned:	11/04/2014	Date of Injury:	01/22/2010
Decision Date:	12/09/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/29/2014

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 Surgery (Spine Fellowship Trained) and is licensed to practice in California. 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:

According to the records made available for review, this is a 40-year-old male with a 1/22/10 date of injury. At the time (10/2/14) of request for authorization for Anterior interbody fusion at L5-S1, there is documentation of subjective (low back pain) and objective (diffuse tenderness over the back, decreased range of motion, positive Gower's sign, and 1+ bilateral patellar and Achilles tendon reflexes) findings, imaging findings (MRI of the lumbar spine (5/29/14) report revealed 4 mm posterior osteophyte-disc complex at L5-S1), current diagnoses (discogenic low back pain (severe) emanating from L5-S1), and treatment to date (medications, aquatic therapy, physical therapy, home exercise program, treatment with TENS unit, and acupuncture). There is no documentation of imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance with radicular findings on physical exam findings; and an indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior interbody fusion at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Failure of conservative treatment; and an Indication for fusion (instability or a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis of discogenic low back pain (severe) emanating from L5-S1. In addition, there is documentation of failure of conservative treatment (medications, aquatic therapy, physical therapy, home exercise program, treatment with TENS unit, and acupuncture). Furthermore, given documentation of objective (1+ bilateral Achilles tendon reflexes) findings, there is documentation of severe and disabling lower leg symptoms (objective sign of radiculopathy (S1)). However, given documentation of imaging findings (MRI of the lumbar spine identifying a 4 mm posterior osteophyte-disc complex at L5-S1), there is no documentation of imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance with radicular findings on physical exam findings. In addition, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for Anterior interbody fusion at L5-S1 is not medically necessary.