MAXIMUS Federal Services

Case Number:	CM14-0096621		
Date Assigned:	07/28/2014	Date of Injury:	10/05/2012
Decision Date:	10/14/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56-year-old female was reportedly injured on 5 October 2012. The mechanism of injury is stated to be assisting a patient. The most recent progress note, dated November 18, 2013, indicates that there are ongoing complaints of low back pain radiating to the bilateral thighs. Current medications include Vicodin, ibuprofen, Tylenol, Metoprolol, and a multivitamin. The physical examination demonstrated an antalgic gait with a slightly forward flexed posture. There was a normal lower extremity neurological examination with the exception of a positive Hoffmans sign on the left, a positive Babinski's sign, and hyperreflexia of the upper and lower extremities. There was a negative straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed a disc protrusion at L5 - S1 and a left-sided disc bulge at L3 - L4. Previous treatment includes two epidural steroid injections, physical therapy, and oral medications. A request had been made for an L4 - L5 anterior lateral decompression and fusion and posterior fusion as well as a preoperative evaluation clearance and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Anterior Lateral Decompression And Fusion/Posterior Fusion: 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: The California ACOEM Practice Guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylisthesis, instability or evidence of tumor/infection. Review of the available medical records documents and abnormal neurological examination but fails to demonstrate any of the criteria for a lumbar fusion. Furthermore, there are no flexion/extension plain radiographs of the lumbar spine demonstrating instability. As such, this request for an L4 - L5 anterior lateral decompression and fusion/posterior fusion is not medically necessary.

Preoperative Evaluation and Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.