

Case Number:	CM14-0141166		
Date Assigned:	09/10/2014	Date of Injury:	09/16/1999
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 52-year-old male with a 9/16/99 date of injury. At the time (8/6/14) of request for authorization for Anterior Lumbar Interbody Fusion (ALIF) L4-5, Assistant Surgeon, and 2 Day Inpatient Hospital Stay, there is documentation of subjective (lower back pain associated with leg symptoms) and objective (limited lumbar range of motion, bilateral paresthesias and dysesthesias of the buttocks, positive straight leg raising test for low back pain, and mild weakness in bilateral anterior tibialis) findings, imaging findings (MRI of the lumbar spine (6/25/14) report revealed L4-L5 posterior annular fissure and circumferential 3 mm disc bulge, facet and ligamentum flavum hypertrophy, mild spinal stenosis, bilateral mild recess narrowing, mild to moderate foraminal narrowing, and 2-3 mm retrolisthesis with posterior facet arthropathy), current diagnoses (chronic lower back pain with left leg radiating symptoms, rule out lumbar instability, rule out lumbar stenosis, and chronic pain management), and treatment to date (medications, physical therapy, and steroid injections). Regarding anterior lumbar interbody fusion, there is no documentation of 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 Lumbar Interbody Fusion (ALIF) L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Discectomy/laminectomy and Fusion (spinal)

Decision rationale: The 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 which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. In addition, ODG identifies documentation of spinal instability (lumbar inter-segmental movement of more than 4.5 mm) as criteria necessary to support the medical necessity of fusion. Within the medical information available for review, there is documentation of diagnoses of chronic lower back pain with left leg radiating symptoms, rule out lumbar instability, rule out lumbar stenosis, and chronic pain management. In addition, there is documentation of symptoms (lower back pain associated with leg symptoms) which confirms presence of radiculopathy. Furthermore, there is documentation of objective (mild weakness in bilateral anterior tibialis) findings that correlate with symptoms. However, despite documentation of imaging findings of L4-L5 posterior annular fissure and circumferential 3 mm disc bulge, facet and ligamentum flavum hypertrophy, mild spinal stenosis, bilateral mild recess narrowing, mild to moderate foraminal narrowing, and 2-3 mm retrolisthesis with posterior facet arthropathy, 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 Lumbar Interbody Fusion (ALIF) L4-5 is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

2 Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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