

Case Number:	CM13-0013311		
Date Assigned:	04/23/2014	Date of Injury:	06/13/2011
Decision Date:	06/10/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

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 New York. 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 patient is a 51-year-old with a date of injury of June 13, 2011. The patient has chronic back pain. The patient is diagnosed with herniated disc at L3-4 and L5-S1. The Lumbar MRI documents 2 mm disc protrusion L5-S1. The patient had an EMG study which was normal. MRI documents disc degeneration L5-S1. The patient has had epidural blocks and disco gram. The disco gram documented any other injury at L5-S1. The patient continues to have pain with activity. At issue is whether lumbar fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR INTERBODY FUSION: 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), Fusion Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS: page 307.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically, there is no evidence of lumbar instability, fracture or tumor. There is also no

evidence of progressive neurologic deficit. We will discontinue and supporting lumbar fusion surgery has not been established. Criteria for lumbar fusion surgery are not met. Lumbar fusion surgery is not likely to improve this patient's degenerative low back pain. Lumbar fusion surgery and not medically needed.

3 DAY 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), Fusion Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS: page 307.

Decision rationale: Since spinal fusion surgery is not medically necessary, then all other associated items are not needed.

SURGICAL ASSISTANT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS: page 307.

Decision rationale: Since spinal fusion surgery is not medically necessary, then all other associated items are not needed.

POSTOPERATIVE DURABLE MEDICAL EQUIPMENT (DME): 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), Fusion Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS: page 307.

Decision rationale: Since spinal fusion surgery is not medically necessary, then all other associated items are not needed.