

Case Number:	CM13-0044941		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2012
Decision Date:	02/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New Hampshire, New York and Washington. 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 physician 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 34 male date of injury is March 8, 2012. He has been diagnosed with lumbago. He complains of low back pain that radiates to his left leg along with numbness of the left foot. Conservative treatments have included medications and physical therapy. On physical examination in October of 2013 he demonstrated a slow gait. He had reduced range of lumbar motion with tenderness to palpation of the lumbar spine. The sensation is decreased in the left L5 dermatome. The MRI from September 2012 showed moderate disc degeneration at L4-5 with a 4 mm disc protrusion causing left L4-5 lateral recess stenosis with potential for impingement of the left L5 nerve root. The remainder of the MRI showed preservation of disc space without evidence of significant neural impingement or canal stenosis in the remainder of the lumbar spine. Lumbar Instability, fracture, or concern for tumor is not documented. At issue is whether lumbar spinal surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion and decompression L4/5 with lateral access fusion with posterior pedicle screw instrumentation of L4 and L5 infuse allograft, neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient does not meet established criteria for lumbar spinal fusion. Specifically, the patient does not have any documented instability on any imaging study in the medical records. In addition, the patient has no red flag indicators for spinal fusion such as fracture, concern for tumor, or progressive neurologic deficit. The criteria for lumbar fusion are not met. Lumbar fusion for discogenic back pain has not been demonstrated to be more effective than conservative measures for the treatment of chronic low pain from discogenic degeneration. Lumbar spinal fusion surgery is not medically necessary in this case because the imaging studies do not demonstrate any criteria necessary for lumbar fusion. In addition, the physical examination does not document significant neurologic findings. Lumbar fusion surgery therefore is not medically necessary. The California MTUS lumbar fusion criteria are not met.