

Case Number:	CM13-0045826		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2003
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 California. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This 43-year-old claimant was injured on 6/18/03. He has been treated for low back pain due to degenerative disc disease. He was treated conservatively with physical therapy and injection therapy. An MRI was obtained which demonstrated lateral recess stenosis bilaterally at the L5-S1 and L4-5 levels. Decompression and fusion at L4-5 and L5-S1 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral laminectomy/posterolateral fusion L4-S1 with pedicle screws and local/bank bone, possible transverse posterior lumbar interbody fusion with cage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307 and 310.

Decision rationale: Bilateral laminectomy and posterolateral fusion from L4 through S1 with pedicle screws and local bank bone with possible transverse posterior lumbar interbody fusion with cage would not be considered medically necessary and appropriate based on the CA MTUS ACOEM Guidelines. ACOEM Guidelines support spinal fusion in the setting of trauma, tumor, or instability. In this case, there is no evidence of instability. This is a case of degenerative disc

disease and stenosis. The claimant may benefit from a decompression; however, no fusion is indicated per the MTUS Guidelines.

Inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.