

Case Number:	CM13-0051108		
Date Assigned:	12/27/2013	Date of Injury:	02/01/2000
Decision Date:	04/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Medicine, 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 53-year-old with the date of injury of February 1, 2000 when the patient hit a truck while driving a forklift. The patient has chronic low back pain. Treatments have included medication, physical therapy, back brace, epidural steroid injections, facet blocks with temporary relief. The patient complains of chronic low back pain radiating to the right leg with some numbness. On physical examination the patient has a normal gait lumbar range of motion is limited secondary to pain. There is tenderness to palpation of the lumbar musculature. Straight leg raising is positive on the right. Reflexes are symmetric and normal. Right EHL is 5 minus over 5. Sensation is diminished in the right L5 and S1 dermatomes. Lumbar MRI from January 2009 shows disc bulges with some spurring at L4-5 and L5-S1 with mild bilateral foraminal stenosis at L5-S1 and borderline stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE SURGERY: ANTERIOR LUMBAR INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low Back Chapter.

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

Decision rationale: The patient does not meet criteria for lumbar fusion. Specifically the medical records do not document any evidence of abnormal lumbar motion. There is no evidence of lumbar instability. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or document the lumbar instability. The request for Lumbar Spinal Surgery: Anterior Lumbar interbody fusion, posterior lumbar spinal fusion with instrumentation, and laminectomy/microdiscectomy at L5-S1 is not medically necessary or appropriate.