

Case Number:	CM13-0057719		
Date Assigned:	02/21/2014	Date of Injury:	10/29/2012
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Spinal 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 male who sustained continuous, from October 2011 through August 2012. He had a lifting injury also in October 2012. His date of injury is listed as October 29, 2012. The patient has chronic low back pain associated with muscle spasms and pain into the buttocks and down the leg. The pain is associated with bilateral numbness and tingling. Physical examination shows slight limp favoring the left knee. There is tenderness palpation of the lumbar musculature. Range of motion was noted to be limited in the lumbar spine. The patient was diagnosed with multilevel intervertebral disc disorder of the lumbar spine and lumbar radiculopathy. Nonsurgical management has included physical therapy, acupuncture, epidural steroid injections. An MRI lumbar spine from November 2012 shows L4-5 broad-based disc protrusion which moderately compresses the thecal sac. At L5-S1 there is a disc protrusion which moderately impresses the thecal sac. There is also bilateral facet arthrosis with mild foraminal narrowing. At issue is whether L4-S1 fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 THROUGH S1 SPINAL FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: Criteria for lumbar spine fusion are not met. The medical records do not document any instability of the lumbar spine. In addition, the patient does not have any red flag indicated for spinal fusion surgery such as fracture, tumor, progressive neurologic deficit, or instability. The medical records do not document abnormal motion in the lumbar spine. Established criteria for lumbar fusion are not met. Lumbar fusion is not medically necessary in this case.