

Case Number:	CM13-0067943		
Date Assigned:	01/03/2014	Date of Injury:	07/22/2012
Decision Date:	06/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/18/2013

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 California. 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 47 year old male who was injured on 07/22/2012. He heard a pop while working and had immediate onset of low back pain. Prior treatment history has included physical therapy, trigger point injections and oral medications. Diagnostic studies reviewed include discography dated 07/22/2013 is positive for pain across the L5-S1. On review of X-rays of the lumbosacral spine, there are degenerative changes at L5-S1, hardware in place down to L5. A follow-up clinic note dated 10/03/2013 indicates the patient presents for a second opinion. A new patient evaluation dated 07/19/2013 states the patient presents status post a T11-L5 fusion in 2007. He is complaining of ongoing low back pain. He is having pain radiating down the right hip and right buttock area with occasional paresthesias in the leg. His medications include glucosamine, Voltaren, and Flonase. On exam, he has decreased functional range of motion of the upper extremities and arms. He has tenderness across the mid to lower lumbar region, tenderness across the facet joints, increased pain with lumbar extension and flexion, tenderness across the sciatic notch. He has positive straight leg raise on the right side at 70 degrees. Diagnoses are status post thoracolumbar fusion; L5-S1 degenerative disk disease; L5-S1 facet arthropathy; low back pain, and lumbar foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

■ **ANTERIOR LUMBAR INTERBODY FUSION:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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

Decision rationale: According to the ACOEM Guidelines, spinal fusion in the absence of fracture, dislocation, unstable spondylolisthesis, tumor or infections, is not supported. The medical records provided for review do not establish any of these conditions exist in the case of this patient. According to the medical records, the patient underwent T11-L5 fusion in 2007. There is no evidence of failure of the present fusion and instrumentation. There is no diagnostic evidence of a clear surgical lesion. The medical necessity of the requested fusion is not established. The request is not medically necessary and appropriate.

1 NIGHT 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.