

Case Number:	CM14-0001591		
Date Assigned:	01/22/2014	Date of Injury:	04/24/2013
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 Spine 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 32-year-old male with a date of injury of April 24, 2013 and the patient has chronic back pain. An MRI from June 2013 shows disc degeneration L5-S1 and there is also a disc bulge measuring 1.2 mm at L5-S1. Bilateral foraminal stenosis at L5-S1 was also found on the MRI. The patient continues to complain of chronic back pain despite conservative measures. The physical examination does not document any evidence of significant neurologic deficit. There is no correlation between MRI findings on physical examination showing specific neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request does not meet criteria for lumbar fusion. Specifically, there is no evidence of lumbar instability and there is no evidence of any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Fusion surgery for

degenerative disc condition is not more likely than conservative measures to relieve degenerative back according to the guidelines. The surgery is not medically necessary.