

Case Number:	CM14-0109324		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2009
Decision Date:	09/12/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/14/2014

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported an injury on 09/28/2009, after a wheel on a forklift fell into a hole, that caused a jarring motion. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, epidural steroid injections, medications, and 2 laminectomy and fusions at the L5-S1. The injured worker underwent an MRI on 03/31/2014. It concluded that there was good alignment with partial osseous fusion at the L5-S1, mild canal stenosis at the L4-5 with mild spondylosis and moderate to severe bilateral neural foraminal stenosis and minor spondylosis at the L2-3 and L3-4. The injured worker was evaluated on 04/17/2014. It was noted that the injured worker's previous evaluation on 02/27/2014 erroneously suggested fusion surgery of the cervical spine. Objective clinical findings included limited range of motion to 10 degrees in flexion at the waist. The injured worker's diagnoses included lumbar disc protrusion. A request was made for L4-5 spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 spinal fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back chapter.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommends spinal fusion for instances of instability. The clinical documentation submitted for review fails to provide any evidence that the patient has any instability to support the need for fusion at an additional level. Furthermore, the objective assessment provided did not include any evidence of radiculopathy to support that the injured worker is developing adjacent segment disease. Due to a lack of recent quantitative measures to support the need for surgical intervention, fusion surgery would not be supported in this clinical situation. As such, the requested L4-5 Spinal Fusion with Instrumentation is not medically necessary or appropriate.

5 night hospital stay:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

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.