

Case Number:	CM14-0015339		
Date Assigned:	07/02/2014	Date of Injury:	08/21/2011
Decision Date:	08/05/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal 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 has chronic back pain. On physical examination patient has tenderness of lumbar spine and reduced range of lumbar motion. Straight leg raising is negative. Muscle function is normal in the bilateral lower extremities. Patellar and Achilles reflexes are 2+ bilaterally. Patient diagnosed with discogenic mechanical back pain and L4-5. Patient's had a discogram. Patient's date of injury is August 21, 2011. Patient takes nor: Motrin. MRI the lumbar spine shows L4-5 central disc protrusion and L5-S1 small disc protrusion. Patient has completed physical therapy continues to have pain. At issue is whether lumbar fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

An L4-L5 anterior/posterior lumbar fusion, posterior non-segmental instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically there is no documented evidence of lumbar instability, fracture, or tumor. Criteria

for lumbar fusion surgery not met. Lumbar fusion surgery is not more likely than conservative measures to improve this patient's degenerative low back pain. The request for an L4-L5 anterior/posterior lumbar fusion, posterior non-segmental instrumentation is not medically necessary or appropriate.

Assistant surgeon: 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.

Two day inpatient 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.

Harvest Iliac Crest autograft/structural allograft: 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.