

Case Number:	CM14-0017496		
Date Assigned:	04/14/2014	Date of Injury:	01/18/2006
Decision Date:	05/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 Surgeon 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 37-year-old male with a date of injury on January 18, 2006. The patient has chronic low back pain and had L5-S1 spinal fusion in August 2007. He also has major depressive disorder. Upright magnetic resonance imaging of the lumbar spine from April 2000 and shows disc degeneration L4-5. This spacer is an artifact at L5-S1. Documentation also reveals disc extrusion at L4-5. There is no significant spinal stenosis on the magnetic resonance imaging (MRI). There is no instability on the MRI that is significant. Patient continues to have back pain and has had a positive discogram at L4-5. The medical records indicate that the patient has failed conservative measures. The issue is whether additional lumbar spine surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 POSTERIOR SPINAL FUSION AND DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 307

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:

Decision rationale: Established criteria for lumbar spinal surgery are not met. Specifically this patient does not have any significant documented instability in the lumbar spine. Instability must be greater than 5 mm on flexion-extension views. This is not present in the medical records. In addition, the patient has no red flag indicators of spinal surgeries such as fracture, tumor, or progressive neurologic deficit. There is no correlation between lumbar magnetic resonance imaging and physical exam findings showing lumbar radiculopathy. Criteria for lumbar decompression and fusion surgery are not met. Lumbar decompression and fusion surgery is not medically necessary.