

Case Number:	CM14-0114613		
Date Assigned:	08/04/2014	Date of Injury:	09/23/2010
Decision Date:	11/04/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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 Neurological 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 injured worker is a 63 year-old male who was reportedly injured on September 23, 2010. The mechanism of injury is noted as a lifting type event. The most recent progress note dates back to 2011 and indicates that there are ongoing complaints of postsurgical low back pain. Diagnostic imaging studies objectified ordinary disease of life degenerative disc disease in the lumbar spine at multiple levels. Previous treatment includes lumbar laminectomy and foraminotomy in December 2010, postoperative rehabilitation protocols and multiple medications. A request was made for a lumbar fusion surgery and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective lumbar decompression and fusion with seven day inpatient hospital stay from 12/30/2010 to 01/05/2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

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: American College of Occupational and Environmental Medicine (ACOEM),

California Guidelines; Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion

Decision rationale: The December 26, 2010 ER note indicated a three-year history of progressive low back pain with no compromise of bowel/bladder function. The progress note dated December 30, 2010 indicate ongoing low back pain with data suggesting infection, instability, spondylolisthesis or fracture. Admission report a spinal stenosis was noted with no specific nerve root compromise objectified. MRI noted a 2mm disc bulge at L4-L5 and L5-S1. Diagnoses was degenerative disc disease and intractable back pain. Other providers reference a subluxation on MRI; however the study is not presented. No findings demonstrated instability of the spine on physical examination. Therefore, based on the clinical information presented for review, this request is not medically necessary.