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| Case Number: | CM14-0132031 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 01/09/2012 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old male was reportedly injured on January 9, 2012. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of low back and left lower extremity pains. The physical examination demonstrated 5'4", 147 pound individual who was normotensive (114/62). Multiple tattoos were noted and a small incision of the right lower lumbar region was also reported. There was tenderness to palpation, and no specific muscle spasms were noted. A decrease in lumbar spine range of motion was also noted. There was a decrease to deep tendon reflexes in the bilateral lower extremities; however, motor function was noted to be 5/5. Diagnostic imaging studies objectified ordinary disease of life degenerative changes at L5-S1. Previous treatment included surgical interventions, multiple medications, conservative care, injection and pain management interventions. A request had been made for lumbar fusion and instrumentation and iliac crest bone graft and was not certified in the pre-authorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Decompression, Fusion (Intertransverse and Interbody): 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.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings noted on physical examination and the lack of any data on imaging studies demonstrating fracture, infection, tumor, or instability, there is insufficient clinical information presented to support this request. The request is not medically necessary per MTUS guidelines.

Instrumentation and Iliac Crest Bone Graft: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.