

Case Number:	CM14-0133361		
Date Assigned:	08/25/2014	Date of Injury:	11/12/2001
Decision Date:	10/21/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 claimant is a 70 year old gentleman who fell while stepping off of a truck on 11/12/01. The medical records provided for review documented that the claimant experienced an acute onset of low back complaints at the time of injury. The claimant subsequently underwent an L3-S1 lumbar fusion on 07/15/13. The postoperative clinical records included the follow up assessment on 05/20/14 describing continued complaints of low back pain since surgery. It is documented that the claimant feels the surgery helped. Treatment postoperatively has included the use of a Bone Growth Stimulator and conditioning exercises. Neurologic examination showed a negative straight leg raise, normal gait pattern, mildly restricted range of motion, and no motor, sensory, or reflexive changes. The treating physician reviewed multiple MRI scans at this visit; none of the scans were postoperative in nature. The recommendation was to obtain authorization for the claimant's prior lumbar surgery performed at the L3-S1 level, retrospectively. Review of previous imaging demonstrated multilevel disc bulging, but no evidence of compressive pathology or segmental instability was identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on California ACOEM Guidelines, the retrospective request for the claimant's multilevel lumbar fusion from L3-S1 cannot be supported as medically necessary. The claimant's preoperative imaging for review demonstrated multilevel disc bulging and degenerative change but showed no indication of significant compressive pathology or segmental instability as recommended by ACOEM Guidelines. Without documentation of segmental instability or clinical correlation between all levels of surgery and radicular findings on physical examination, the role of the lumbar fusion in this case would not have been medically necessary.