

Case Number:	CM14-0150593		
Date Assigned:	09/18/2014	Date of Injury:	06/01/1999
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Spine Surgery 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 50-year-old male was injured on June 1, 1999. The patient has chronic low back pain. Patient was diagnosed with lumbar disc degeneration. He had right L4-S1 medial branch block and received 85% relief for several hours. He had radiofrequency ablation of right L4-5 facet joints with 3 days of relief. Patient had physical therapy, acupuncture, medications and modify her activity. Physical examination shows normal gait. He has reduced range of lumbar motion was tenderness in the facet joint region. He has normal strength and sensation. Radiographs are described as having 5 mm retrolisthesis on L4-5, however these are not read by radiologist in the medical records. At issue is whether L4-5 lumbar interbody fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine L4-5 anterior lumbar interbody fusion with 3 day inpatient stay.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain Chapter.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically there is no clear documentation of adequate instability in the medical records. There is no documentation of official radiographic readings by radiologist demonstrating abnormal motion of the lumbar segment and flexion-extension views. There is no documentation of greater than 5 mm of motion on flexion-extension views as read by radiologist. In addition it is unclear what other lumbar pathology exists in the spine. Criteria for lumbar fusion surgery not met.