

Case Number:	CM14-0156899		
Date Assigned:	09/26/2014	Date of Injury:	03/09/2012
Decision Date:	10/31/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/23/2014

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 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 55-year-old female with a date of injury of March 9, 2012. She has chronic low back pain radiating to extremities. Physical examination shows tenderness palpation lumbar spine. There is decreased range of motion of the back. Straight leg raising is positive at 60. MRI lumbar spine shows disc bulge at L3-4 at L4-5 there is mild spinal stenosis. The patient continues to have chronic pain. At issue is whether lumbar surgeries are medically necessary.

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 Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter

Decision rationale: The patient does not meet established criteria for lumbar fusion. Specifically the medical records do not document any evidence of instability, fracture or tumor. There is no documentation of severe progressive neurologic deficit. There are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit.

There is no significant documented instability on flexion-extension views. MTUS and ODG criteria for lumbar fusion surgery has not been met. The request is not medically necessary.