

Case Number:	CM14-0163162		
Date Assigned:	10/08/2014	Date of Injury:	06/13/2012
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 injured worker is a 53-year-old male with a date of injury June 13, 2012. He has chronic low back pain. The injured worker has had medications and physical therapy. The injured worker has had epidural steroid injections. MRI of the lumbar spine from January 2014 left-sided foraminal disc extrusion causing left foraminal stenosis and partial effacement of the left L4 nerve root. Physical examination shows decreased range of motion. Straight leg raising is negative. There is mild weakness in the bilateral gastrocs. Reflexes are symmetric. Sensation is normal. At issue is whether lumbar decompression fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior Lumbar Decompression & Fusion, Instrumentation, Iliac Crest Bone Graft: 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 low back chapter, ODG low back chapter

Decision rationale: Criteria for both lumbar decompression and fusion are not met. Specifically there is no documented instability on radiographs. No flexion-extension views showing

excessive abnormal motion lumbar spine. There no leg indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. With respect to decompression, there is no clear correlation between physical exam showing specific radiculopathy and MRI imaging study showing specific compression of a nerve root. Both criteria for fusion and decompression not met; therefore, the request for L5-S1 Posterior Lumbar Decompression & Fusion, Instrumentation, Iliac Crest Bone Graft is not medically necessary.