

Case Number:	CM14-0174870		
Date Assigned:	10/28/2014	Date of Injury:	11/01/2000
Decision Date:	12/04/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 65-year-old male with a date of injury of 1 November 2000. He was lifting a heavy object and injured his back. MRI lumbar spine shows lumbar scoliosis centered at L2-3. The patient has multiple levels of disc degeneration. At L4-5 there is foraminal narrowing. At L2-3 there is retrolisthesis. X-rays of the spine show previous left hemilaminotomy at L5-S1 with loss of disc height at multiple levels. There is 8 of scoliosis between L2 and L5. Nerve conduction studies done in 2014 show evidence of chronic left and right lumbar radiculopathy. Patient lumbar epidural steroid injection. Patient takes pain medications. Patient continues to have pain. At issue is whether multilevel lumbar decompression fusion surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lateral interbody fusion w/ interbody fusion cages, L2-3, L3-4, L4-5: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

Decision rationale: The patient does not meet establish criteria for three-level lumbar fusion. Specifically there is no documentation of significant scoliosis or significant lumbar instability. There no red flag indicators for spinal fusion surgery such as fracture tumor or neurologic deficit. Lumbar fusion surgery is not medically necessary.

Posterior spinal fusion with interbody fusion cage at L5-S1: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

Decision rationale: The patient does not meet establish criteria for three-level lumbar fusion. Specifically there is no documentation of significant scoliosis or significant lumbar instability. There no red flag indicators for spinal fusion surgery such as fracture tumor or neurologic deficit. Lumbar fusion surgery is not medically necessary.

Central laminectomy L2-S1: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no correlation between physical exam findings imaging studies showing specific radiculopathy and specific compression of the nerve roots. Physical exam does not document that her neurologic deficit. Lumbar decompressive surgery is not medically necessary.

Posterior spinal fusion, L2-S1: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter

Decision rationale: The patient does not meet establish criteria for lumbar fusion. Specifically there is no documentation of significant scoliosis or significant lumbar instability. There no red

flag indicators for spinal fusion surgery such as fracture tumor or neurologic deficit. Lumbar fusion surgery is not medically necessary.