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| Case Number: | CM14-0175447 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 08/28/1996 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 9/4/14 MRI of lumbar spine notes moderate diffuse spondylosis with no central stenosis and multi foraminal stenosis. An 8/5/14 note reports the insured shattered the L1 vertebral body and had surgery in 1996. There is persistent pain in the back. There is constant numbness and tingling below the left knee. Examination notes limited motion by pain. Sensation is decreased in left leg and foot. SLR (straight leg raise) is negative. Gait is antalgic. A 9/4/14 MRI is reported to demonstrate normal marrow signal at all levels. There is disc desiccation at multiple lumbar levels. There is severe DJD (degenerative joint disease) at L2-3 with modic changes. There is no spinal stenosis. The insured reports being unable to do chores and has pain with sitting, bending, and twisting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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

Decision rationale: ODG guidelines support that there should be objective evidence of motor or reflex changes or corroboration by EMG of nerve root involvement. The medical records provided for review indicate only sensory changes that do not correlate with the level of MRI of L2-3. As such, the medical records do not support recommendation for surgery of fusion. Therefore, the request is not medically necessary.