

Case Number:	CM14-0023048		
Date Assigned:	05/14/2014	Date of Injury:	09/24/2010
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 California. 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:

57-year-old claimant with industrial injury dated 9/24/10, with a complaint of low back pain. Exam note 3/6/14 demonstrates complaint of low back pain graded as 8-9 out of 10. There is a report of weakness in the legs and of radiation down legs to feet. Report of discogenic low back pain status post microlumbar decompressive surgery at L4/5 on 8/9/12. MRI lumbar spine 4/18/13 demonstrates degenerative disc disease and facet arthropathy with postoperative changes at L4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR L4-5, DECOMPRESSION AND TRANSFORAMINAL INTERBODY FUSION: 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), Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The ACOEM Guidelines Chapter 12: Low Back Complaints, page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of

the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. In this particular patient, there is lack of medical necessity for lumbar fusion as there is no segmental instability or significant neural impingement to warrant fusion. Therefore, the determination for lumbar fusion is not medically necessary.