

Case Number:	CM14-0023324		
Date Assigned:	05/12/2014	Date of Injury:	07/01/2010
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
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, has a subspecialty in Spine 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 26-year-old male the date of injury of July 1, 2010. The patient has chronic back pain. An MRI from February 2012 shows disc degeneration throughout the lumbar spine and loss of disc at L4-5. There is spinal stenosis at L3-4. There is grade 1 spondylolisthesis at L5-S1. No instability is noted in this position no MRI at any level. Electrodiagnostic studies from February 2012 show active left L5 radiculopathy. There is a suggestion of diffuse upper and lower generalized neuromuscular disease. A physical examination of the patient showed decreased range of back motion. There is decreased sensation in L5 and S1 dermatomes. Discograms at L2 to S1 revealed concordant pain. At issue is whether spinal fusion surgery from L3-S1 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERNAL MEDICINE PRE-OPERATIVE EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LUMBAR SPINE POSTERIOR INTERBODY FUSION AT L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: Multilevel lumbar spinal fusion surgery is not medically necessary. This patient is no evidence of instability. The patient does not have progressive neurologic deficit. There are no red flag indicators for spinal fusion such as fracture, tumor, or progressive neurologic deficit. Multiple level lumbar fusion surgery is not medically necessary. Guidelines for multiple level fusion surgery are not met.