

Case Number:	CM14-0024232		
Date Assigned:	06/20/2014	Date of Injury:	07/25/2011
Decision Date:	08/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 patient is a female with chronic back pain. She also has pain radiating to her left leg. On physical examination she has reduced range of lumbar motion. The patient has an MRI that shows an annular tear at L4-5. She continues to have chronic low back pain. The patient has not responded to conservative measures. MRI from October 2013 shows 4 mm disc protrusion at L4-5 and disc degeneration L4-5. At L5-S1 there's foraminal narrowing. There is also grade 1 retrolisthesis of L4-L5 and L5 of S1. The patient continues to have pain despite conservative measures including medications and physical therapy. At issue is whether lumbar 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:

Anterior Posterior Lumbar Spinal Fusion L4-5 with Decompression L5-S1: 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): Low Back Chapter: Patient Selection Criteria for Lumbar Spinal Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: This patient does not meet criteria for two-level lumbar fusion surgery. The medical records do not contain flexion-extension views that show significant abnormal motion at any level in the lumbar spine. There is no documented evidence of instability, fracture, or tumor. Multiple level fusion surgery is not likely to be effective in alleviating his patient's back pain. Criteria for lumbar fusion surgery not met.