

Case Number:	CM14-0026651		
Date Assigned:	06/13/2014	Date of Injury:	07/01/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 31-year-old male with a date of initial July 1, 2011. He has chronic low back pain radiating to the left leg. On physical examination he is a decreased range of motion on motion. A straight leg raising test is positive. A hip test is positive for lumbar pain. There is decreased sensation in the left lower extremity. Bilateral pars defect. There is minimal narrowing of the left neuroforamen. Conservative measures to include activity modification medication acupuncture. At issue is whether anterior and posterior fusion at L5-S1 is medically necessary. The patient has been diagnosed with lumbar spondylosis and spondylolisthesis and spinal stenosis. Conservative measures to include activity modification medication acupuncture. At issue is whether anterior and posterior fusion at L5-S1 is medically necessary. Patient has been diagnosed with lumbar spondylosis and spondylolisthesis and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR-POSTERIOR L5-S1 FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: The patient does not meet establish criteria for lumbar fusion. Specifically, there is no documented instability the lumbar spine. The medical records do not demonstrate flexion-extension views showing abnormal motion lumbar spine. Also the patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, and progressive neurologic deficit. Therefore the request is not medically necessary.