

Case Number:	CM14-0028320		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2004
Decision Date:	07/17/2014	UR Denial Date:	02/23/2014
Priority:	Standard	Application Received:	03/05/2014

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 49-year-old with a date of injury February 15, 2004. She has chronic back pain. On physical exam, she has decreased range of motion. Deep tendon reflexes are 2+ at the knees and absent at the ankles. Straight leg raising does not produce true sciatica. Lumbar MRI from 2014 shows degenerative spondylolisthesis of L4 on L5. There is a mild posterior disc bulge. There is degenerative disc condition at L5-S1. At issue is whether lumbar fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar Interbody fusion at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:MTUS pages 307-322.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery at L4-5 and L5-S1. Specifically there is no documented instability on flexion-extension radiographs. In addition, there is no documentation of concern for fracture, tumor, or progressive neurologic

deficit. Fusion surgery for discogenic low back pain is not more likely than conservative measures to alleviate low back pain. The request for one lumbar interbody fusion at L4-L5 and L5-S1 is not medically necessary or appropriate.

Prospective request for one surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: CPT Procedure Code Index "@" CPT Codes Musculoskeletal System Surgery.

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.