

Case Number:	CM14-0029250		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2011
Decision Date:	08/04/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 Orthopedics 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 has chronic low back pain. Physical examination shows tenderness to lumbar spine palpation, decreased motion and bilateral sensory loss at L4-L5 and S1. The patient has pain mostly radiating to the right leg. A MRI reveals L4-5 disc degeneration with central stenosis. The patient has L5-S1 bilateral foraminal narrowing. The patient continues to have pain despite conservative measures. At issue is whether two-level 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:

Transforaminal Lumbar Interbody Fusion, Instrumentation and Bone Grafting of L4-L5 and 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- Lumbar Spine.

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

Decision rationale: This patient does not meet establish criteria for two-level lumbar fusion surgery. Specifically, the medical records do not document any evidence of lumbar instability, fracture, or tumor. There also was no evidence of progressive neurologic deficit. The patient

has no red flag indicators for lumbar fusion surgery such as fracture tumor or progressive deficit. Lumbar fusion surgery is not more likely than conservative measures to improve this patient's chronic degenerative low back pain. Criteria for lumbar fusion surgery not met. Per MTUS, the request is not medically necessary.

Three day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar Spine.

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

Decision rationale: Since surgery is not medically necessary, then all other associated services are not medically necessary.

Two units of Autologous Blood Donation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar Spine.

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

Decision rationale: Since surgery is not medically necessary, then all other associated services are not medically necessary.