

Case Number:	CM14-0031200		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2007
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Spinal 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 has chronic back pain. MRI from September 2013 shows mild disc space degeneration L4-5 and L5-S1. At L5-S1 disc osteophyte complex with mild foraminal stenosis. CT scan from January 2014 shows degenerative mild retrolisthesis at L3-4 L4-5 and L5-S1. The patient has not responded to conservative measures. At issue is whether fusion and decompressive surgery the lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

AP fusion and decompression, L3 to 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 Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS Citation Title 8, California Code of Regulations, section 9792.20, page(s) 305-322.

Decision rationale: The patient does not meet establish criteria for decompression and fusion surgery. Specifically, there is no documented evidence of instability the lumbar spine. Also, imaging studies do not document severe compression or severe stenosis in the lumbar spine. In

addition, there were no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for multilevel fusion surgery is not met. Therefore the request for lumbar decompressive surgery is not medically necessary.

Assistant: 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.

Unspecified length of hospital stay: 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.

Unspecified DME(Durable Medical Equipment): 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.