

Case Number:	CM14-0032265		
Date Assigned:	06/20/2014	Date of Injury:	07/21/2005
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 is a 58 year old female with low back pain and leg pain. DOI 7/21/05. She had a L3-S1 laminectomy in 2012. MRI shows disc bulging and degeneration at L4-5 in the lumbar spine and moderate stenosis at L4-5. Exam reveals tenderness to palpation of the lumbar spine. Lumbar ROM is reduced. Left ankle dorsiflexion and right great toe flexion is diminished. At issue is whether of not L4-5 laminectomy and fusion is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar posterior fusion with interbody graft, laminectomy L4-L5 and inpatient 3 day stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (Acute and Chronic) Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically, there is no documented instability, fracture or tumor. Also, the patient does not

meet criteria for lumbar decompressive surgery. There is no clear correlation between the patient's physical examination shown documented specific radiculopathy in the patient's imaging studies showing specific compression of specific nerve root on imaging study. The patient does not have progressive neurologic deficit. Recent trial and failure of conservative measures are not clearly documented. Criteria for both lumbar fusion and decompressive surgery are not met. The patient has had previous lumbar decompressive surgery from L3-S1. Need for revision decompression is not established. The request for Lumbar Posterior Fusion with Interbody Graft, Laminectomy L4-L5 and Inpatient 3 day stay is not medically necessary and appropriate.