

Case Number:	CM14-0032482		
Date Assigned:	04/09/2014	Date of Injury:	02/01/1999
Decision Date:	06/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/11/2014

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 61-year-old male who was injured on February 1, 1999. He was lifting a heavy object. He reported injury to his neck back and right upper extremity. He was diagnosed with lumbar disc degeneration. He underwent discogram at L2-3 and L4-5 in December 2013. Discogram discomfort pain was noted at L2-3 L4-5 and L3-4. He's had prior fusion of L5-S1. He's also had a laminectomy at L5-S1. On physical examination tenderness to palpation of the cervical lumbar spine is noted. The patient has had multiple medications. He continues to complain of chronic pain. Physical examination reveals no tenderness in the lumbar musculature. Sensation is normal in the bilateral lower extremities. He does have reduced range of motion lumbar spine. Hip flexor strength is 4/5. Ankle dorsiflexion strength is 4-5 bilaterally. Lumbar MRI shows prior fusion of L5-S1. There is disc desiccation at L3-4 L4-5. Patient has had prior cervical C5-C7 fusion. At issue is whether L3-4 and L4-5 anterior and posterior fusion a medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR/POSTERIOR FUSION AT L3-4 AND L4-5 WITH INSTRUMENTATION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LOW BACK PAIN. LUMBAR FUSION- PAGES 307-318.

Decision rationale: This patient does not meet established criteria for lumbar fusion surgery. Specifically, the medical records do not indicate that the patient has any evidence of lumbar instability, failure fusion, progressive neurologic deficit, fracture, tumor, or any other need for lumbar fusion surgery. Imaging studies do not document lumbar instability. Imaging studies do not document failure fusion. Criteria for lumbar fusion are not met. Guidelines for lumbar fusion are not met.

INPATIENT 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.