

Case Number:	CM14-0044600		
Date Assigned:	07/02/2014	Date of Injury:	03/26/2001
Decision Date:	08/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 Neurological Surgery and is licensed to practice in California. 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 injured worker is a 69-year-old female who was reportedly injured on March 26, 2001. The mechanism of injury was stated as lifting over to pick up a case of [REDACTED]. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of low back pain rated at 8/10. The physical examination demonstrated generalized tenderness over the lumbar paraspinal musculature and a normal lower extremity neurological examination. Diagnostic imaging studies objectified severe degenerative disc disease of T10 through L2 with degenerative scoliosis status post fusion and instrumentation of L2-L3. Previous treatment included lumbar spine surgery, epidural steroid injections, physical therapy, home exercise, interferential stimulation, and use of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for posterior spine fusion from T10 through L3 with bone grafting and was not certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Spine fusion T10-L3 with bone grafting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Pains Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the American College of Occupational and Environmental Medicine spinal fusion procedures are not recommended except in cases of fracture, dislocation, or spondylolisthesis with instability. The injured employee has been diagnosed with scoliosis rather than any of the indicated conditions. Therefore, this request for a posterior spinal fusion from T10 through L3 with bone grafting is not medically necessary.