

Case Number:	CM14-0047695		
Date Assigned:	07/02/2014	Date of Injury:	09/19/2010
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/31/2014

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 Spine 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 a date of injury of September 19, 2010. The patient has chronic back pain. He is a 38-year-old male who slipped and fell and injured his back. The MRI lumbar spine from 2011 shows L5-S1 degenerative disc with left paracentral disc protrusion compressing the S1 nerve root. There is a minimal disc bulge at L4-5. The physical exam shows tenderness to the lumbar spine. Lumbar range of motion is decreased. Straight leg raising is positive bilaterally. The patient takes narcotic medicine, Lidoderm patch and Medtrox ointment. He continues to have pain despite conservative measures. Patient's activity modification, physical therapy, pain management, as well as to lumbar epidural blocks. Flexion-extension lumbar radiographs show disc space collapse of L5-S1 and L4-5 with no overt instability. At issue is whether lumbar fusion surgery is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 POSTERIOR LUMBAR INTERBODY FUSION AND POSSIBLE L4-L5 FACET HYPERTROPHY WITH REDUCTION OF LISTHESIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: This patient does not meet establish criteria for multilevel lumbar fusion surgery. Specifically there is no documentation of instability on flexion-extension radiographs. The patient does not have a red flag indicator for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Established criteria for lumbar fusion surgery are not met in this case. Lumbar fusion surgery for multiple levels of degenerative disc condition is not more likely than continued conservative measures to relieve the patient's back pain. Lumbar fusion surgery is not medically necessary in this case.