

Case Number:	CM14-0056269		
Date Assigned:	07/09/2014	Date of Injury:	07/01/2012
Decision Date:	08/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/25/2014

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 has a date of injury of July 1, 2012. The patient has chronic back pain. MRI lumbar spine from 2013 shows degenerative disc condition at L3-4 and L5-S1. At L2-3 and L1 to there are disc bulges. At L4-5 there is degenerative disc condition. At L5-S1 there is degenerative disc condition. MRI the thoracic spine show disc bulges throughout the thoracic spine. Patient is diagnosed with multilevel lumbar discogenic condition. Patient has been treated with pain management injections, acupuncture, and medications. At issue is whether multilevel lumbar decompression and fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior lumbosacral fusion at L3-L4, L4-5 and posterior decompression at L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment index, 9th Edition, (web) 2011.

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: MTUS pages 305-322.

Decision rationale: This patient does not meet establish criteria for multilevel decompression and fusion. Specifically, the medical records do not show that the patient has a neurologic deficit that correlates with MRI imaging study showing specific compression of the nerve root. In addition there is no evidence of instability lumbar spine. The patient does not have any red flag indicators for spinal fusion surgery such as fracture or tumor or progressive neurologic deficit. In this case criteria for fusion and decompression are clearly not met. This patient does not need spinal fusion or decompressive surgery. It is not medically necessary.