

Case Number:	CM14-0056769		
Date Assigned:	04/29/2014	Date of Injury:	08/03/2011
Decision Date:	05/06/2014	UR Denial Date:	03/31/2014
Priority:	Expedited	Application Received:	04/28/2014

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 Hampshire, New York and Washington. 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 47-year-old male who complains of chronic back pain and leg pain. He also suffers from depression. The patient's date of injury is August 3, 2011. On physical examination he favors the left leg when walking. Range of motion of the lumbar spine is diminished. There is tenderness to palpation of the lumbar spine. Straight leg raise test is positive on the left. Imaging studies included an MRI of the lumbar spine from September 2012 which showed L1 compression fracture. There is grade 1 retrolisthesis of L4. There is a disc protrusion at L5-S1. An electrodiagnostic study from January 2012 documented normal findings revealing no evidence of lumbar radiculopathy. The patient has been diagnosed with multiple lumbar disc protrusions and left lower extremity radiculopathy or radiculitis. There is a history of L1 compression fracture. The medical records indicate that the patient has failed conservative management. Conservative measures are not well-documented. At issue is whether posterior lumbar interbody fusion at L4-5 and L5-S1 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE POSTERIOR INTERBODY FUSION AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter, Fusion (Spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation evidence for an American Pain Society Clinical Practice Guideline by Chou R, Baisden J, Carragee EJ, Resnick DK, Shaffer WO, Loeser JD, and also Evidence-based guidelines for the performance of lumbar fusion, from the Clinical Neurosurgery Journal,2006;53:279-84.

Decision rationale: Established criteria for lumbar fusion are not met. Specifically, the patient does not have any documented lumbar instability on imaging studies. Flexion-extension views are not reported in the chart. There is no documentation of abnormal motion of the lumbar spine. In addition, the patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. The patient does have a prior history of an old L1 compression deformity, but this is not indication for fusion. Lumbar fusion is not medically necessary.

PREOPERATIVE MEDICAL CLEARANCE: 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.