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| Case Number: | CM14-0073265 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 09/29/2004 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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 records presented for review indicate that this 55-year-old male was reportedly injured on September 29, 2004. The mechanism of injury was noted as bending. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of low back pain radiating to both lower extremities with numbness and tingling. Current medications were stated to be helpful. The physical examination demonstrated tenderness over the lumbar spine and bilateral SI joints and decreased lumbar range of motion secondary to pain. There was a positive straight leg raise test bilaterally at 20. The treatment plan included continuing current oral medications and compounded creams as well as a request for lumbar spine surgery for a fusion. No diagnostic imaging studies were available for review. Previous treatment included oral medications and activity modification. A request had been made for a posterior lumbar interbody fusion with pedicle screw fixation at L3-L4, L4-L5, and L5-S1 and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posterior Lumbar Interbody Fusion with Pedicle Screw Fixation at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment Index, 11th Edition (web), 2013, Low Back, FusionCriteria for Lumbar spinal Fusion.

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

Decision rationale: According to the American College of Occupational and Environmental Medicine, a lumbar fusion is only indicated for spinal instability. There was no evidence from controlled trials that the spinal fusion alone was effective for treating any type of acute low back pain problem in the absence of a spinal fracture, dislocation, or spondylolisthesis. According to the attached medical record, the injured employee has none of these conditions mentioned nor were there any diagnostic studies available for review. Considering this, the request for a posterior lumbar interbody fusion with pedicle screw fixation at L3-L4, L4-L5, and L5-S1 is not medically necessary.