

Case Number:	CM14-0186341		
Date Assigned:	11/14/2014	Date of Injury:	03/01/2004
Decision Date:	01/02/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 chronic low back pain. The patient has had an MRI that shows spinal stenosis at L1 to with no spinal stenosis from L2-L4. From L4-S1 there is foraminal stenosis but no central stenosis. The MRI documents significant degeneration at L5-S1. The patient continues to have chronic back pain. Patient takes medications. The patient has had previous spine surgery. The medical records document two-level solid spine fusion. Flexion-extension radiographs of the lumbar spine are not reported. Patient continues to take pain medication. At issue is whether revision lumbar surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Laminectomy Fusion L1-2, L4-5, L5-S1; removal of hardware L2-3, L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, treatment integrated treatment/disability duration guidelines Low Back - Lumbar & thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 3052 322.

Decision rationale: This patient does not meet establish criteria for revision lumbar surgery. Specifically the medical records do not document the presence of failure fusion. In addition, the medical records do not document any evidence of lumbar instability. There is no flexion-extension views showing instability. There are no red flag indicators for spinal surgery such as fracture tumor or progressive neurologic deficit. Criteria for lumbar fusion surgery not met.