

Case Number:	CM14-0194944		
Date Assigned:	12/02/2014	Date of Injury:	10/12/2013
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 is a 34-year-old male with a date of injury of 12 October 2013. He has chronic low back pain. X-ray show bilateral lysis of L5 with degenerative changes. The patient has an old fracture of T12. MRI of the lumbar spine shows grade 1 L5-S1 spondylolisthesis and degenerative disc condition L4-5 and L5-S1. Patient epidural steroid injection with some relief. Electrodiagnostic studies show no evidence of motor radiculopathy. Neurologic examination shows weakness of the right EHL and tibialis anterior muscles. There is decreased sensation in the right leg. Straight leg rising is positive on the right. At issue is whether two-level lumbar fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar spine fusion at L4-L5 and L5-S1 using polyetheretherketone (PEEK), interbody cages, bone morphogenetic protein (BMP), and screws and rod with 3 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 307-322.

Decision rationale: This patient does not meet established criteria for two-level lumbar fusion surgery. Specifically, there is no documentation of instability fracture or tumor. There is no documentation a progressive neurologic deficit. The medical records do not contain flexion-extension views showing abnormal motion greater than 5 mm any lumbar level. Two-level lumbar fusion surgery for degenerative disc condition to the lumbar spine is not more likely than conservative measures to alleviate low back pain. Additionally, guidelines for two-level lumbar fusion surgery not met. The request is not medically necessary.