

Case Number:	CM14-0199424		
Date Assigned:	12/02/2014	Date of Injury:	11/02/1998
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 51-year-old male with chronic low back pain. The patient has had multiple attempts at conservative measures to include physical therapy, TENS unit and different medications. The patient has improved with these modalities but continues to have constant aching. He has a long history of low back pain. On physical examination, the patient walks with a limp. No lumbar spasm is present. Range of motion of the lumbar spine is limited. Neurologic exam reveals no motor weakness. Sensory examination reveals diminished sensation over the right foot. Knee and ankle reflexes are normal. Straight leg rising is positive on the left side at 45. The patient is diagnosed with grade 1 isthmic spondylolisthesis at L5 and multiple level lumbar spondylosis. At issue is whether 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 FUSION AT L5-S1 USING PEEK INTERBODY CAGES, ROD, BMP, AND SCREWS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 chronic pain treatment guidelines.

Decision rationale: This patient does not meet criteria for lumbar fusion. Specifically there is no documentation of flexion extension views showing abnormal instability the lumbar spine. There is no documentation of greater than 5 mm of motion abnormally at any lumbar segment on flexion-extension views. In addition there are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Criteria for lumbar fusion not met.

2-3 DAY STAY: 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 surgery is not medically necessary, then all other associated items are not needed.

Lumbar Corset and Elevated Toilet Seat: 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 surgery is not medically necessary, then all other associated items are not needed.