

Case Number:	CM14-0203715		
Date Assigned:	12/16/2014	Date of Injury:	09/29/2010
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 back pain. He also has low extremity pain. He takes medications for pain. Physical exam shows reduced range of motion lumbar spine. There is a well-healed incision over the lumbar spine region from previous surgery. There is tenderness to sciatic notch. Motor exam is 5 out of 5 throughout with the exception of the right great toe which is 4/5. Sensory exam is diminished in the left L4-5 and S1 dermatomes. Deep tendon reflexes are 2 at the lower extremity knees. Patient had previous laminectomy surgery. 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:

Anterior interbody fusion L5-L5 surgery: 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)

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 Low Back Pain Chapter, pages 307 through 322

Decision rationale: The criteria for lumbar fusion surgery have not been met. Specifically there is no documentation of instability fracture or tumor in the lumbar spine. There are no red flag

indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. The request for spinal fusion surgery is not medically necessary.