

Case Number:	CM14-0207232		
Date Assigned:	12/19/2014	Date of Injury:	09/18/2013
Decision Date:	02/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 55-year-old male who reported an injury on 09/18/2013, the mechanism of injury was not provided. On 10/30/2014, the injured worker presented with moderate stress. Upon examination of the lumbar spine, there was no abnormal curvature. There was tenderness to palpation over the lumbar facet and a positive bilateral straight leg raise. The injured worker ambulates with a limp, able to heel walk within normal limits. The injured worker was unable to do toe walk due to weakness. There is normal muscle tone noted. An official MRI of the lumbar spine, performed on 04/21/2014 revealed ligamentum flavum hypertrophy and mild degenerative disc disease that causes diffuse spinal stenosis throughout the lumbar spine most severe at the L4-5. There was multiple levels of bilateral neural foraminal narrowing. Most significant on the left at the L-2 and on the right L3-4 and L4-5. There is also neural foraminal narrowing on the left at the L4-5 and L5-S1 and to a lesser degree at the L2-3 and L3-4. The injured worker had a prior left hip replacement and a cervical fusion. Diagnoses were thoracic lumbar neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy, spinal stenosis of the lumbar region, arthritis and postlaminectomy syndrome. The provider recommended a lumbar spine fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request for lumbar spine fusion is not medically necessary. California MTUS state that there is limited evidence from control trials that spinal fusion alone is affective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability in motion in the segment operated on. The injured worker has persistent back and leg pain. The cause of symptoms have not been determined. Imaging studies revealed degenerative disc disease and spinal stenosis without any clear nerve root compression. The referenced guidelines would not support a lumbar spine fusion. As such, medical necessity has not been established.