

Case Number:	CM14-0084663		
Date Assigned:	07/21/2014	Date of Injury:	04/06/2003
Decision Date:	01/26/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 has a date of injury of April 6, 2003. The patient has chronic low back pain. The patient is a 60-year-old male. He's diagnosis cervical disc degeneration and lumbar disc degeneration with lumbar spinal stenosis. The pain is associated with tingling in the left lower extremity. He's had epidural injections in the past without success. Physical examination shows normal range of motion of the lumbar spine. There is a left lower extremity antalgic gait. There is a toe drop on the left with and absent left ankle reflexes. Straight leg raise is positive on the left at 45. Lumbar spine MRI shows canal stenosis at L3-4 and bilateral foraminal narrowing with canal stenosis at L4-5. At issue is whether L3-S1 laminectomy and posterior fusion is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine fusion Quantity :1 (L3-S1 Laminectomy /PLIF/Fusion at SVMH with 3 patient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Low Back Chapter, Hospital Length Of Stay

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

Decision rationale: This patient does not meet established criteria for multilevel lumbar laminectomy and fusion surgery. Specifically the medical records do not document any evidence of abnormal instability the lumbar spine. There is no documentation of fracture tumor or progressive neurologic deficit. There are no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. There is no clear correlation between MRI imaging studies and physical examination show a specific radiculopathy. Criteria for multilevel lumbar decompression and fusion not met.