

Case Number:	CM15-0004280		
Date Assigned:	01/15/2015	Date of Injury:	03/23/2011
Decision Date:	04/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York, New Hampshire, Washington
 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 40 year old male, who sustained an industrial injury on March 23, 2011. He has reported lower back pain and left leg pain. The diagnoses have included lumbago, lumbar spine stenosis, left lumbar radiculopathy, spondylolisthesis of the lumbar spine, and lumbosacral degenerative disc disease. Treatment to date has included facet joint injections, lumbar spine medial branch blocks, lumbar spine rhizotomy, epidural steroid injections, physical therapy, medications, and imaging studies. Currently, the injured worker complains of increased lower back pain radiating to the bilateral legs. The treating physician requested an LSO brace, posterior lumbar spinal fusion, a three day inpatient stay, and a magnetic resonance imaging of the lumbar spine. On December 16, 2014 Utilization Review certified the request for the LSO brace. The Utilization Review non-certified the request for the posterior lumbar spinal fusion, a three day inpatient stay, and a magnetic resonance imaging of the lumbar spine noting the lack of documentation to support the medical necessity of the services. The ACOEM Guidelines and ODG were cited in the decisions

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal fusion at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: MTUS criteria for fusion not met. There is no documented instability, fracture, or tumor. There are no red flags for spinal fusion surgery present. Fusion surgery is not needed.

(Associated services) 3 day inpatient 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

(Associated service) MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 290-305.

Decision rationale: MTUS criteria for MRI not met. There is no documented neuro deficit, fracture, or concern for tumor. There is no documentation of a recent trial and failure of conservative measures such as physical therapy for chronic LBP. There is no documentation of significant change in physical exam. MRI not needed.