

Case Number:	CM15-0004922		
Date Assigned:	01/16/2015	Date of Injury:	08/29/2011
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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
Certification(s)/Specialty: Neurological 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 45 year old male who sustained a work related injury on August 29, 2011, after injuring his back lifting and bending. X rays of the spine revealed normal disc spaces, normal alignment no significant degenerative changes and no stenosis. Magnetic Resonance Imaging (MRI)'s performed on October 6, 2011 and May 27, 2012 showed disc degeneration and lumbar sacral bulging. A diagnosis of L4-5, L5-S1 spondylosis and discogenic low back pain was made. Treatments included physical therapy, acupuncture adjustments, pain medications, disc injections and Non-Steroidal Anti-Inflammatory Drugs. Currently, the injured worker continues to complain of low back pain limiting his activities of daily living and activities. Utilization Review non-certified on December 19, 2014, a request for performing a lumbar fusion surgery, noting California MTUS guidelines as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion surgery QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS guidelines indicate a surgical consultation might be recommended if clear clinical, imaging and electrophysiological evidence of the presence of a lesion which has been shown to both in the short and long term respond to surgical repair is present. Lumbar spinal fusion might be recommended in the presence of trauma, fracture dislocation and instability. Documentation for this worker does not provide evidence of instability or a fracture which would mandate a fusion. Thus this requested treatment: lumbar fusion surgery is not medically necessary or appropriate.