

Case Number:	CM15-0007269		
Date Assigned:	01/23/2015	Date of Injury:	06/14/2012
Decision Date:	04/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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 female, who sustained an industrial injury on 6/14/2012, resulting in low back pain. The diagnoses have included status post microdiscectomy L5-S1 on 11/30/2013, disc herniation, stenosis, low back pain, and radiculopathy. Treatment to date has included surgical intervention and conservative measures. Currently, the injured worker complains of low back pain with radiation down both legs, rated 7/10 on VAS. She reported symptoms were present since right sided microdiscectomy L5-S1 in November 2013. Gait was antalgic and she favored the right leg. Physical exam revealed palpable lumbar tenderness. A lumbar magnetic resonance imaging result was noted as showing bilateral L5-S1 foraminal stenosis with a right sided L5-S1 disc protrusion. After the discussion of options, a request for authorization was included for L5-S1 interbody fusion and associated surgical services. On 12/23/2014, Utilization Review non-certified a request for L5-S1 lumbar interbody fusion and associated surgical service, 2 day inpatient stay, citing the ACOEM Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Patient does not meet MTUS criteria for lumbar fusion surgery. There is no documentation of instability, fracture, or tumor. Lumbar fusion surgery is not more likely than conservative measures to relieve this patient's low back pain. SURGERY IS NOT NEEDED.

Associated surgical service: two (2) day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since surgery is not needed, then hospitalization not needed. The request is not medically necessary.