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| Case Number: | CM14-0134848 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 05/11/2011 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Texas. 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 injured worker is a 54 year old male who sustained an injury on 05/11/11. While performing his customary duties working as a police sergeant, he began experiencing pain in his low back and left lower extremity due to the nature of his work duties. The injured worker has been followed for ongoing complaints of low back pain with associated pain, numbness, and weakness in the lower extremities. The injured worker's back pain was more severe and had not improved with epidural steroid injections. No other conservative treatment was noted to include physical therapy. No prior imaging was provided. The last evaluation on 03/16/14 noted ongoing spasms and tenderness to palpation in the lumbar spine. There was degenerative disc disease at L5 to S1 reported. The proposed transforaminal lumbar interbody fusion with instrumentation and grafting at L5 to S1 was denied on 07/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal lumbar interbody fusion, instrumentation and bone grafting of L5-S1 between 7/17/2014 and 10/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The proposed transforaminal lumbar interbody fusion with instrumentation and grafting at L5 to S1 would not be indicated as medically necessary. There is a paucity of clinical information to support this request. The injured worker's last evaluation was from March of 2014 and did not discuss prior non-operative treatment to include physical therapy. There were no prior imaging studies available for review noting pathology at L5 to S1 that would support fusion procedures as outlined by current evidence based guidelines. As such, this request is not medically necessary.