

Case Number:	CM14-0136363		
Date Assigned:	09/05/2014	Date of Injury:	07/02/2012
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 is a 52-year-old female with chronic low back and leg pain. The patient's date of injury is July 2, 2012. She has tried epidural steroid injections with minimal relief. She's had medications and physical therapy with minimal relief. Physical examination shows lumbar muscle spasm and tightness with decreased range lumbar motion. Straight leg raise is negative. Motor sensory and reflex examination of the bilateral lower extremities is normal. X-ray show grade 1 spondylolisthesis at L4-5. MRI shows multilevel degenerative changes and mild arthropathy at L4-5. At issue is whether the requested lumbar surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 decompression and posterior lumbar interbody fusion with instrumentation with 3 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: This patient does not meet establish criteria for lumbar decompression and fusion surgery. Specifically there is no documentation of abnormal motion on flexion-extension

views. There is no documentation of significant lumbar instability, fracture or tumor. There is no documentation of radiculopathy in the lower extremities or neurologic deficit. There are no red flag indicators for spinal fusion surgery such as concern for tumor, fracture or progressive neurologic deficit. The request for L4-L5 decompression and posterior lumbar interbody fusion with instrumentation with 3 day inpatient stay is not medically necessary.