

Case Number:	CM14-0137552		
Date Assigned:	09/05/2014	Date of Injury:	05/16/2011
Decision Date:	10/21/2014	UR Denial Date:	08/09/2014
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 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 49-year-old male with a date of injury of May 16 2011. The patient has chronic low back pain. Electrodiagnostic studies from 2012 with normal. MRI lumbar spine from 2013 showed decreased disc height and osteophyte at L5-S1. There is also disc protrusion at L4-5. Patient complains of severe back pain radiating to the legs. He has tried physical therapy and epidural steroid injections with no relief. Physical exam shows positive straight leg raise test but normal motor strength in the bilateral extremities and normal reflexes and normal sensation to light touch. X-ray showed 3 mm retrolisthesis L5 on S1 with no instability on flexion-extension. At issue is whether lumbar fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES LOW BACK

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, ODG low back chapter

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically there is no documented evidence of abnormal motion or instability on flexion-extension radiographs. The patient has no red flag indicators for spinal fusion surgery such as fracture tumor progressive neurologic deficit or instability. This patient has degenerative disc condition at multiple levels of lumbar spine. Lumbar fusion is not likely to be successful in eliminating the patient's low back pain. Patient has multiple levels of degeneration in the lumbar spine. Criteria for lumbar fusion surgery not met.