

Case Number:	CM14-0159121		
Date Assigned:	10/02/2014	Date of Injury:	04/01/2013
Decision Date:	10/29/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 56-year-old male who was injured at work on April 1, 2013. The patient has chronic low back pain radiating to the left lower extremity. Physical exam no symmetric deep tendon reflexes. There is no motor or sensory deficit on physical examination. Straight leg raising is positive on the left side. Patient has an antalgic gait. MRI the lumbar spine from June 2013 shows 14 mm central disc extrusion at L4-5 with nerve root compression bilaterally. Patient continues to have chronic leg pain, and back pain. At issue is whether anterior and posterior 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): 305-308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low Back Chapter pages 307- 322, Official Disability Guidelines Low Back Chapter

Decision rationale: This patient does not meet established criteria for Lumbar Fusion. Specifically the medical records do not document any instability in the lumbar spine. There is no flexion-extension views documented that abnormal motion and instability is present at any level. In addition, the patient has no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Greater than 5 mm of abnormal motion has not been demonstrated any lumbar level. L4-5 Lumbar Fusion is not medically necessary as criteria for fusion not met.