

Case Number:	CM14-0182602		
Date Assigned:	11/10/2014	Date of Injury:	02/27/2014
Decision Date:	12/12/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Surgeon 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 has chronic back pain. The patient has been diagnosed with spondylolisthesis and spinal stenosis. X-rays of the lumbar spine showed grade 2 spondylolisthesis secondary pars defects at L5. There is degenerative disc at L5-S1. MRI lumbar spine shows bilateral foraminal stenosis impinging on the L5 nerve roots. There is grade 1 spondylolisthesis. Patient had physical therapy and epidural steroid injections. Physical exam shows tenderness to palpation lumbar spine positive straight leg raise. Is decreased sensation in L5 and S1. There is absent deep tendon reflexes. The patient is taking medications. At issue is whether decompression and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar decompression and fusion hardware L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: MTUS low back chapter pages 305 through 322

Decision rationale: The patient does not meet established criteria for both decompression and fusion surgery at this time. Specifically the medical records do not document flexion-extension views showing abnormal motion greater than 5 mm in any lumbar segment. There is no documented instability, fracture or tumor. In addition the patient's neurologic exam does not correlate with imaging studies showing specific compression of the affected nerve roots. Medical necessity for both decompression and lumbar fusion not met.

Inpatient stay, unknown number of days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.