

Case Number:	CM14-0094669		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2003
Decision Date:	09/19/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/23/2014

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 is a 64-year-old female with date of injury of October 31, 2003. The patient has chronic low back pain. The pain radiates to her bilateral legs. On physical examination the patient has normal strength in the bilateral lower extremities. She has symmetrical and normal lower extremity reflexes. Physical examination shows no focal neurologic deficit. MRI the lumbar spine from December 2013 shows multilevel mild disc protrusion but no significant canal stenosis. At L4-5 there is spondylolisthesis. The met medical records do not contain flexion-extension views and there is no documentation of significant instability. At issue is whether lumbar decompressive surgeries medically

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine laminectomy: 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 Disability Guidelines, Treatment index, low back - spinal fusion.

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 pain chapter, ODG low back pain chapter.

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no documentation of imaging studies showing significant compression of the nerve root. In addition there is no documentation of imaging studies showing severe spinal stenosis. Also the medical records do not document that significant radiculopathy. Is no correlation between the patient's physical examination and imaging studies. Lumbar decompression surgery is not medically necessary. The patient does not have any red flag indicators for spinal decompressive surgery such as tumor, fracture, or progressive neurologic deficit. Criteria for lumbar decompressed surgery not met. Therefore, the request is not medically necessary.

Instrumented fusion at L4 through S1: 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 Disability Guidelines, Treatment index, low back - spinal fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back Chapter.

Decision rationale: This patient does not meet criteria for lumbar fusion surgery. Specifically there is no documented instability on any imaging study. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, progressive neurologic deficit. Lumbar fusion surgery is not medically necessary.