

Case Number:	CM13-0008732		
Date Assigned:	10/11/2013	Date of Injury:	11/16/2012
Decision Date:	09/28/2015	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 injured worker is a 26 year old male, who sustained an industrial injury on 11-16-2012 secondary to a jump resulting back pain. On provider visit dated 06-12-2013 the injured worker has reported low back pain with radiation to left leg and foot. Pain was noted to occasionally become severe during activity. On examination of the tenderness in lumbar spine with spasms and decrease range of motion. A positive straight leg raise was noted on left and sensory loss was noted to left leg and plantar foot. The diagnoses have included lumbar sprain or strain, disc herniation at L5-S1 and neuritis-radiculitis lumbosacral. Treatment to date has included medication. The provider requested left L5-S1 transforaminal lumbar interbody fusion, decompression, instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal lumbar interbody fusion, decompression, instrumentation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (updated 5/10/13) Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The request is for an L5-S1 transforaminal lumbar interbody fusion, decompression and instrumentation in this 26 year-old patient with a date of injury of 2012. The records indicate that the patient does require the S1 decompression which is done with a laminectomy/discectomy. There is no evidence that a posterior fusion is medically necessary since there is no evidence of instability at any level. The request for a fusion does meet ACOEM Guidelines and as such is not medically necessary or appropriate.