

Case Number:	CM13-0053512		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2012
Decision Date:	03/19/2015	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained a work related injury on 10/16/12. The diagnoses have included degeneration of lumbosacral discs, degenerative disc disease, degenerative joint disease, neuroforaminal stenosis, lumbar radiculopathy and spondylolisthesis. Treatments to date have included transforaminal steroid injections, oral medication, L5-S1 epidural steroid injection, and 12 acupuncture treatments. The injured worker complains of low back pain with pain radiating down both legs. He has tenderness to palpation of lower back and has restricted range of motion. On 10/21/13, Utilization Review non-certified a request for lumbar fusion surgery and inpatient stay 3-4 days. The California MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Arthrodesis at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: 55 yo male with low back pain. MTUS criteria for fusion not met. There is no documented instability, fracture, or tumor. Lumbar fusion for degenerative LBP is not more likely than conservative measures to relieve LBP. Criteria for fusion not met.

Bilateral Pedicle Screw/Rod Fixation at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for Lumbar Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: 55 yo male with low back pain. MTUS criteria for fusion with rods and screws not met. There is no documented instability, fracture, or tumor. Lumbar fusion for degenerative LBP is not more likely than conservative measures to relieve LBP. Criteria for fusion not met.

Associated Service: Posterolateral Arthrodesis With Local Bone Graft from L2-L5 and use of Infuse: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for Lumbar Spinal Fusion

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.

Associated Service: Inpatient Hospital Stay (3-4 days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for Lumbar Spinal Fusion

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.

Bilateral Laminotomies at L2-L3 and L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Criteria for Lumbar Spinal Fusion

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

Decision rationale: MTUS criteria for lumbar decompression not met. There is no correlation between imaging studies and exam. There is no significant neurologic deficit. Surgery not needed.