

Case Number:	CM14-0215893		
Date Assigned:	01/05/2015	Date of Injury:	01/23/2009
Decision Date:	03/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 (IW) is a 66 year old male who sustained an industrial injury on 01/23/2009. He reported low back pain and stiffness with radiation of pain into the left lowerlimb. The diagnoses have included lumbar spinal stenosis, degenerative arthritis of the lumbar spine, and degenerative herniated disks in the lumbar spine with low back pain and left lower limb radiculopathy. Treatment to date has included physical therapy, epidural steroid injections and medications. Currently, the IW continues to complain of increasing low back pain, significant stiffness of the back and spasm-like sensations in the lower back when twisting and turning in bed. The pain wakes him up several times during the night. Examination revealed paravertebral muscle spasm and tenderness in the lower lumbar region, a sitting straight leg raise was positive at 45% on the left side, and neurologically, there was significant decreased sensation to light touch over the left L4 and L5 dermatomes. Deep tendon reflexes (DTR's) were 2+ at the level of the left patella and 1+ at the level of the right patella. The diagnosis is of lumbar spinal stenosis and a surgical option has been discussed with the IW and is now planned. On 11/26/2014 Utilization Review non-certified a request for an Inpatient 3-5 days Decompression Fusion L3-S1; with Posterior Segmental Instrumentation with cages and Transforaminal Fusion L3-4, L4-5, L5-S1, noting specifics from the current MRI ,current complaints and current physical exam that do not support the treatment. The MTUS, ACOEM Guidelines Chapter 12 was cited. On 12/23/2014, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 3-5 days Decompression Fusion LL3-S1; with Posterior Segmental Instrumentation with cages and Transforaminal Fusion L3-4, L4-5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 205-322.

Decision rationale: This patient has chronic LBP and multiple levels of lumbar DDD. MTUS guidelines for fusion not met as there is no instability, fracture, or tumor. There are no red flags for multi level spinal fusion such as fracture, tumor, or instability. Criteria for fusion not met. Fusion not needed. Fusion for multilevel ddd no likely to be successful.