

Case Number:	CM15-0114277		
Date Assigned:	06/22/2015	Date of Injury:	09/20/1991
Decision Date:	07/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Neurological 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 female, who sustained an industrial injury on 9/20/1991. The current diagnoses are chronic lower back pain, lumbosacral degenerative disc disease, severe thoracolumbar kyphosis, chronic pain syndrome, and opioid dependence. According to the progress report dated 5/14/2015, the injured worker complains of chronic low back pain. She notes that her back pain is excruciating this month. She stated that if she does any kind of activity, she has to lay down for a number of days. She is not feeling good. She is not functional. The level of pain is not rated. The current medications are Methadone, Oxycodone, Gabapentin, Lamictal, Fluoxetine, Prevacid, Calcium, Senna, and Docusate. Treatment to date has included medication management, MRI studies, physical therapy, home exercise program, acupuncture, and cognitive behavioral therapy. The plan of care includes spinal surgery with fusion lumbar anterior release L1-L5, fusion thoracic posterior T4-pelvis, fusion lumbar posterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) spinal surgery with fusion lumbar anterior release L1-L5, fusion thoracic posterior T4-pelvis, fusion lumbar posterior: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion.

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

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: One (1) spinal surgery with fusion lumbar anterior release L1-L5, fusion thoracic posterior T4-pelvis, fusion lumbar is not medically necessary or appropriate.