

Case Number:	CM14-0141997		
Date Assigned:	09/10/2014	Date of Injury:	06/15/1999
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Surgery 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 has chronic low back pain. The patient has had physical therapy, injections, medications, and continues to have pain. X-rays show spondylolisthesis of L3 over L4 by 3 mm, which is stable and does not move on flexion-extension x-rays. CT myelogram shows left disc protrusion at L5-S1. At L3-4 there is spondylolisthesis with spinal stenosis. The patient had previous L4-5 decompression surgery. The patient had previous back surgery including instrumented fusion. The patient continues to have chronic low back pain. Review of the records reveals that the patient has had several back surgeries to include surgery in 2000, 2003 and implantation of I nerve stimulating 2012. The patient continues to have chronic low back pain. At issue is whether revision spinal surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Segmental Instrumentation, Lumbar fusion, Additional level fusion times 4, Morselized bone graft, fluoroscopy, Lumbar laminectomy, Additional level times 4, re-exploration of fusion, removal of old hardware, diskography times 4, and far lateral approach additional level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter

Decision rationale: This patient does not meet establish criteria for lumbar spinal surgery. Specifically there is no documentation of painful hardware, pseudoarthrosis or instability. In addition there is no documentation of significant neurologic deficit. There is no clear correlation between imaging studies showing compression of nerve roots and physical examination showing specific radiculopathy. The patient also has no red flag indicators for spinal surgery such as fracture tumor or neurologic deficit. Criteria for lumbar spinal surgery not met.