

Case Number:	CM14-0142519		
Date Assigned:	09/10/2014	Date of Injury:	05/30/1995
Decision Date:	10/06/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/03/2014

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:

This case involves a 63-year-old male with a date of injury of May 30th, 1995. The patient has chronic back pain. Physical examination shows tenderness to palpation of the lumbar spine and restricted lumbar range of motion. The patient has normal lower extremity motor strength. Straight leg raising is positive. The patient is neurologically normal with the exception of some numbness down the left leg. It is unclear exactly what conservative measures the patient has completed. The patient has had 2 previous lumbar surgeries. The patient had a lumbar myelogram and CT scan that shows L1-L5-S1 spinal stenosis. There is degenerative disc condition at L1-L2 and L5-S1. There is possible pseudarthrosis at L2-L3 from previous surgery. At issue is whether revision lumbar surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L2, L2-L3, L5-S1 posterior lumbar interbody fusion (PLIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Discectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter, ODG low back chapter

Decision rationale: This patient does not meet establish criteria for three-level lumbar fusion surgery. Specifically the medical records do not document any evidence of fracture or instability or lumbar tumor. Also the patient does not have significant neurologic deficit on physical examination. There is no correlation between imaging study showing specific compression of nerve roots and physical exam showing radiculopathy. The CT scan suggests that the patient may have a pseudoarthrosis from previous surgery at L2-3; however there is no documentation of conservative measures to include physical therapy recently tried and the medical records. There is no documentation the patient has significant recent trial affiliated conservative measures for back pain. Three-level lumbar fusion surgery is not medically necessary and guidelines do not support the role three-level lumbar fusion surgery in this case. As such, this request is not medically necessary.