

Case Number:	CM13-0011891		
Date Assigned:	12/13/2013	Date of Injury:	01/31/2008
Decision Date:	02/04/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, Connecticut and Pennsylvania. 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 physician 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 claimant is a 70-year-old gentleman who was injured in a work related accident on January 31, 2008. He sustained an injury to the low back. The clinical records reviewed in this case include a June 6, 2013 progress report by treating provider [REDACTED] indicating subjective complaints of continued low back pain stating failed conservative care. Formal physical examination findings were noted to be "Unchanged". He stated at that time that the claimant was status post prior L2 through L5 decompressive laminectomy with continued ongoing complaints of discomfort. At present, based on failed conservative measures, he was recommending a surgical process in the form of L3-4 and L4-5 decompression with posterolateral interbody fusion. Clinical imaging available for review includes an October 5, 2012 MRI report that shows the L3-4 level to be with prior laminectomy changes with moderate to severe facet arthrosis, a disc protrusion to the left resulting in lateral recess stenosis. The L4-5 level was noted to be with facet arthrosis with disc protrusion measuring 3 to 4 millimeters with resultant compression of the L4 nerve roots in the neural foramina. Prior physical examination findings available for review included an April 26, 2013 physical examination that showed an intact motor and sensory evaluation to the lower extremities with equal and symmetrical deep tendon reflexes and negative straight leg raising. That report was from [REDACTED] orthopedic surgeon. The stated request at present is for two level interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DECOMPRESSION OF THE BILATERAL FORAMEN AND LATERAL RECESS AT L3-4 AND L4-5 WITH POSTEROLATERAL AND PROBABLE INTERBODY FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (Low Back Pain Chapter)

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

Decision rationale: Based on California ACOEM Guidelines, the role of an interbody fusion at the level of L3-4 and L4-5 level would not be indicated. Guideline criteria for the role of fusion would include the role of spinal fracture, dislocation, spondylolisthesis with documented instability or motion in the segment operated on. While the claimant is noted to have been with prior multilevel decompression, clinical documentation in this case fails to demonstrate an unstable process on examination and also fails to demonstrate specific neural compressive findings on examination that would support the role of any degree of surgical process at the L3-4 or L4-5 level. Given the claimant's absent physical examination findings and clinical imaging for review, the specific request in this case would not be supported at present.