

Case Number:	CM13-0019222		
Date Assigned:	12/27/2013	Date of Injury:	10/10/2012
Decision Date:	02/19/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

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. 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 61-year-old female who sustained an injury to the low back on October 10, 2012. Clinical records provided for review included an assessment on January 6, 2014 documenting that Utilization Review Determination from August 12, 2012 had been overturned in regards to a lumbar fusion at L4-5 with decompression. Formal clinical imaging, formal physical examination findings or prior treatment are not documented. A prior Utilization Review dated August 12, 2013 stated the claimant had low back pain and radiating leg pain and that an MRI scan was "not made available for review". Treatment to date had included epidural injections, medication, activity modification per the review. There is a request at present for the lumbar fusion at the L4-5 level with decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion at L4-L5 with decompression: Upheld

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

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

Decision rationale: Based on the CA MTUS ACOEM 2004 Guidelines and the limited clinical information available for review, the role of the surgical process at the L4-5 level has not been established. Indications for a fusion in this case have not been met. Records for review do not indicate imaging that documents segmental instability at the L4-5 level. The specific request in this case is not medically necessary.