

Case Number:	CM13-0022088		
Date Assigned:	11/13/2013	Date of Injury:	11/24/2005
Decision Date:	01/23/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/09/2013

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 42-year-old female injured in work related accident on 11/24/05 sustaining an injury to the low back. Records indicate that she is status post a prior lumbar fusion procedure from L4 through S1 in 2007. Since that time, she has developed a diagnosis of chronic pain syndrome. Recent clinical imaging includes a CT myelogram performed 09/24/12 and showed prior L4 through S1 fusion with moderate, multifactorial canal stenosis at L3-4. Recent clinical assessment of 09/09/13 with provider [REDACTED] indicated the claimant was with continued subjective complaints of low back pain and leg pain with right leg and left hip weakness. He reviewed the claimants CT myelogram and showed physical examination findings with 5-/5 strength to the bilateral quadriceps, 2/5 strength with left foot dorsiflexion and plantar flexion. There was noted to be diminished sensation in an L4 and L5 dermatomal distribution with equal and symmetrical +1 reflexes. He diagnosed the claimant with recurrent disc herniation at L4-5 with possible neural impingement. Given her ongoing complaints, surgical intervention was recommended in the form of revision fusion at the L4-5 level with instrumentation, exploration and removal of prior hardware. Further review of imaging showed the L4-5 level on myelogram to show prior laminectomy with mild, broad based spondylosis, no canal stenosis noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Lumbar Spine Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 367.

Decision rationale: Based on California Chronic Pain Medical Treatment, ACOEM Guidelines, lumbar procedure to include a revision fusion procedure at the L4-5 level would not be indicated. Clinical records including recent CT myelogram report fail to demonstrate evidence of compressive pathology at the L4-5 level for which revision decompression, discectomy or procedure would be indicated. As such, there would be no indication for removal of prior hardware at this level with revision fusion or indication for surgical process in absence of understanding of acute compressive findings. California Chronic Pain Medical Treatment Guidelines would only recommend the role of fusion procedure in evidence of increased spinal instability or in the level of prior surgical decompression after prior procedure. As stated above, the nature of the surgical process in question is not supported by clinical imaging at this time.