

Case Number:	CM13-0022548		
Date Assigned:	11/27/2013	Date of Injury:	01/01/2005
Decision Date:	02/04/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

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 62-year-old gentleman who was injured in a work related accident on January 1, 2005 sustaining an injury to the low back. The clinical records for review in this case include a recent assessment dated May 30, 2013 with treating physician [REDACTED]. At that time he was noted to be with continued complaints of low back pain and bilateral lower extremity weakness, numbness and tingling. There was noted to be a neurologic examination that showed left foot weakness with plantar dorsiflexion at 4/5 with diminished S1 sensory changes bilaterally and symmetrical reflexes. Updated MRI report of May 20, 2013 showed diffuse degenerative changes from L2 through S1 with the L4-5 level with significant stenosis and disc protrusion compromising the right canal. There was documentation at that time of bladder issues for which the claimant was also seeing a urologist. The treating provider at that time recommended an L4-5 laminectomy with lumbar fusion procedure for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Laminectomy with Medial Facetectomy B with Fusion: 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): 307.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, the role of the proposed procedure would not be indicated. While records in this case demonstrate weakness consistent with the L4-5 level on examination, records do not indicate segmental instability that would support the role of a fusion procedure in light of the claimant's current findings. California ACOEM Guidelines in regards to lumbar fusion would indicate its use for "spinal fracture, dislocation, spondylolisthesis with noted instability or motion at the segment operated on". Lack of segmental instability or motion at the L4-5 level on clinical assessment and imaging would fail to necessitate the acute need of the surgical process as requested.