

Case Number:	CM13-0023424		
Date Assigned:	12/13/2013	Date of Injury:	04/26/2013
Decision Date:	03/18/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Spinal 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 patient is a 62 year old claimant with low back and right leg pain. He is status post lumbar laminectomy L4/5. The exam note 7/8/13 demonstrates report of spasm, tenderness and guarding with decreased sensation with pain in right L5 dermatome. There is a report of 4/5 weakness in right knee and ankle. The MRI 5/29/13 demonstrates disc desiccation and disc collapse at L4/5 and L5/S1 levels with report of foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar arthrodesis at the L4-L5 and L5-S1 levels with a 4 day hospital stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Regarding spinal fusion, the Official Disability Guidelines state, "Patient Selection Criteria for Lumbar Spinal Fusion: For chronic low back problems, fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation or progressive neurologic loss. Indications for spinal fusion may include neural arch defect,

segmental instability, primary mechanical back pain, revision surgery for failed previous operation, infection, tumor or deformity or after failure of two discectomies on the same disc. In this case the guidelines have not been satisfied. Therefore the surgery and resulting 4 day hospital stay non-certified.