

Case Number:	CM13-0028444		
Date Assigned:	11/27/2013	Date of Injury:	11/18/2009
Decision Date:	02/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/23/2013

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 patient is a 43-year-old female who was injured in a work related accident on 11/18/09. Clinical records indicate ongoing complaints of low back pain with recent review of records indicating prior surgical history of 12/17/12 in the form of a L3-4 and L4-5 laminectomy. The most recent clinical assessment of 09/03/13 with [REDACTED] indicates the claimant is with continued complaints of back and left leg pain with increased pain with activities. It states that symptoms have been worsened despite pain management efforts. Physical examination showed diminished strength to the left dorsiflexion at 3/5 and left knee extension at 4/5. Neurological evaluation was otherwise intact. It states that a recent CT scan demonstrated no instability, but indicated continued disc protrusion at the L3-4 and L4-5 level based on failed conservative care, a fusion at the L3 through L5 level was recommended for further intervention. Further clinical imaging or documentation of conservative measures is not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left laminectomy and L3-5 fusion between 9/4/13 and 10/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based California ACOEM Guidelines, the role of lumbar fusion would not be indicated. The clinical imaging for review fails to demonstrate any evidence of segmental instability at the L3-4 and L4-5 level. The fact of fusion alone based on the claimant's prior surgery would not be justified without documentation of unstable process or clinical indication for revision procedure at the two requested levels without documentation of significant compressive findings available for review. California MTUS Guidelines does recommend the role of lumbar fusion in situations that involve disc location fracture, segmental instability or motion at the operated segment. The role of operative intervention in this case has not been established, negating the need for the proposed procedure between 09/04/13 and 10/19/13 in question.