

Case Number:	CM13-0028943		
Date Assigned:	03/19/2014	Date of Injury:	09/02/1997
Decision Date:	05/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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, male in his early 50s, sustained low-back injuries from a work-related accident on September 2, 1997. Limited clinical information is available for review. The available prior progress report, dated February 4, 2013, noted a diagnosis of status post laminectomy and discectomy at L4-5 in 2004 with residual symptoms. It was further noted that a discogram dated December 2012 was positive at the L2-3 and slightly positive at the L1-2 level. The formal report was not provided and there was no indication of a control disc level. The clinical findings identified restricted lumbar range of motion with tenderness. There was evidence of previous scarring and sensory deficit with hypesthesia to the right at L4 and L5 dermatomal distribution. Radiographs were not obtained at that date. The claimant was wearing a back support. Given the claimant's positive discogram findings from late 2012, a two-level L1-2 and L2-3 fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2 AND L2-3 FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, 307.

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

Decision rationale: The California ACOEM Guidelines would not support the two-level fusion procedure in this case. The clinical records do not document recent physical examination findings or clinical imaging supportive of segmental instability or recent conservative treatment. According to the ACOEM Guidelines, lumbar discography has not been demonstrated to be an appropriate preoperative indicator of surgical success or outcomes. The ACOEM Guidelines would not support the role of fusion in the absence of segmental instability. The specific request given the claimant's current clinical picture would not be indicated as medically necessary.